STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT

Governor's Council on Substance Abuse Report

Recommendations for State Policy Action During the 2005-2007 Biennium

Priscilla Lisicich, Ph.D, Council Chair
Carol Owens, Ed. D, Staff Coordinator

June 2004

Promoting healthy, safe, and drug-free communities in Washington State

Juli Wilkerson
Director

Governor's Council on Substance Abuse
Mission, Vision and Values

Council Mission Statement

It is the mission of the Governor's Council on Substance Abuse to recommend public policy to promote healthy, safe and drug-free communities in Washington State.

Council Vision Statement

The Governor's Council is a model for proactive, cross-system collaboration, working with all public and private sector stakeholders, Councils and other organizations to present a balanced approach for the prevention, treatment and law and justice efforts to reduce substance abuse in Washington State.

Council Value Statements

The Governor's Council on Substance Abuse will

- advocate for the education, involvement and empowerment of Washington's citizens to reduce the misuse and abuse of alcohol, tobacco and other drugs.
- trust and honor the knowledge, strengths and cultures that make each Washington community unique.
- develop balanced and accountable prevention, treatment and law and justice strategies to reduce the misuse and abuse of alcohol, tobacco and other drugs.
- recommend substance abuse reduction strategies for programs, systems and organization built on science-based approaches.
- ensure the results of Council research and recommendations are available and accessible as a resource for efforts to reduce substance abuse in Washington State.

(Amended March, 2003)

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For more information, please contact the Govenor's Council on Substance Abuse at 360-725-3038 or 360-725-3032.

Additional copies of this and other Council reports can be obtained by calling the Washington State Alcohol/Drug Abuse Clearinghouse at 1-800-662-9111, or writing them at 3700 Rainier Avenue South, Suite A, Seattle, WA 98144. This report is also available at: http://www.cted.wa.gov/DesktopModules/Documents/ViewDocument.aspx?DocumentID=1443 or from the Washington State Library. For a list of council reports see Appendix J.

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June 1, 2004

The Honorable Gary Locke
Governor, State of Washington
Legislative Building
Post Office Box 40002
Olympia, Washington 98504-0002

Dear Governor Locke:

On behalf of the Governor's Council on Substance Abuse I am pleased to forward our state policy and program action recommendations for the 2005-07 Biennium.

As part of the Council's planning process for development of the 2005-07 state policy and program recommendations, the Council reviewed current indicator data, the 2003-05 state budget and programs related to substance abuse prevention, treatment, and law and justice, and the outcomes for current programs.

In 2002 and 2003, the Council hosted several community access meetings across the state. At the meetings in Yakima in October of 2002, youth from across the State shared their substance abuse issues and concerns. During 2003, the Council held meetings in Vancouver and Bremerton where we heard first hand about community substance abuse impacts and toured exemplary programs that are making a difference in those communities.

Summary of 2005-07 Recommendations

As part of the 2005-07 recommendation development, the Council reviewed all currently funded prevention, treatment, and substance abuse-related law and justice programs that are receiving state or federal funding allocated through the 2003-05 state budget. Council members rated programs according to whether the programs should receive the same funding level in 2005-07, have the funding reduced, or receive a funding enhancement. In examining the results of this review, the only state expenditure the Council felt should be considered for a funds reduction was confinement costs for drug offenders. However, understanding that confinement costs are driven by the prison population, Council members saw this recommendation as a long-range strategy that would have to happen in conjunction with a gradual shift in emphasis toward prevention and treatment options that will have a more lasting effect on reducing substance abuse and its impacts.

The Council recommends program enhancements totaling $46,096,156 ($34.97M in program costs and $11.1M in capital costs) for the 2005-07 biennium, with several options for new revenue to offset program enhancement costs. In order of priority for funding consideration, the Council makes the following recommendations for 2005-07 funding enhancement:

1. **Provide a stronger emphasis for substance abuse prevention programs.**
   By enhancing the Community Mobilization Against Substance Abuse Program.
   Proposed Enhancement: $4,000,000 (FY06 - $2,000,000/FY07 - $2,000,000).

2. **Improve crime lab capacity for the processing of evidence for drug-related crimes.**
   By enhancing State Crime Lab Services.
   Proposed Enhancement: $1,984,000 (FY06 - $878,000/FY07 - $1,106,000).

3. **Address the impact of Fetal Alcohol Spectrum Disorder.**
   By supporting the work of the Fetal Alcohol Syndrome Interagency Workgroup.
   Proposed Enhancement: $445,000 (FY06 - $230,000/FY07 - $215,000.)

4. **Improve chemical dependency treatment for pregnant and parenting women.**
   By providing a residential treatment program in Region 6 for women and their children.
   Proposed Enhancement: $944,805 (FY06 - $472,403/FY07 - $472,403) for operating costs and $2,118,176 in facility renovation and equipment costs in FY06.

5. **Improve chemical dependency treatment services for youth.**
   By providing a residential treatment program for adolescents with co-occurring substance abuse and mental health problems.
   Proposed Enhancement: $1,470,000 (FY06 - $0/FY07 - $1,470,000) for operating costs and $9,000,000 in facility renovation and equipment.

6. **Improve the options for court supervised and criminal justice system-based chemical dependency treatment services.**
   By providing funds to increase the options for treatment alternatives for offenders addicted to alcohol and other drugs.
   Proposed Enhancement: $21,875,000 (FY06 - $7,875,000/FY07 - $14,000,000).

7. **Increase availability of school-based substance abuse prevention and intervention programs**.
   By providing funds to increase the availability of prevention/intervention services to all middle, junior high and high school students.
   Proposed Enhancement: $4,259,175 (FY06 - $2,129,587/FY - 07$2,129,587).

In the area of policy development, the Council recognizes and supports the efforts of the Governor's Methamphetamine Coordinating Committee and the Department of Health to develop the ***WE CARE*** Matrix for working with drug-endangered children. The Matrix is currently being reviewed by state and community agencies that work with children and families. The Matrix is applicable to situations where there is reasonable cause to believe that abuse and neglect of a child has occurred through exposure to controlled substances or chemicals and processes involved in the manufacturing of illegal drugs. The Council encourages statewide implementation of the ***WE CARE*** Matrix.

Recommendation for Revenue Sources to Support 2005-07 Enhancements

The Governor's Council on Substance Abuse recommends a tax on beer as the first option to consider for funding the 2005-07 program enhancement package proposed by the Council.

To raise the $46M proposed for 2005-07 program enhancements would require a beer tax increase from $8.08 per barrel to approximately $21.84 per barrel, or a tax rate of $.005466 per ounce. This rate includes funding to restore the Basic Tax allocation to local governments from $1.30 per barrel back to the 1996 rate of $2.60 per barrel.

The Council also recommends the consideration of other options to increase revenue for programs that address substance abuse-related impacts, including taxes on wine, spirits, and gambling revenues.

We hope these recommendations will be of assistance to your planning process in developing a 2005-07 budget proposal that sustains and enhances current efforts to reduce substance abuse and its impacts in Washington State.

Please let me know if the Council can provide additional information or be of further assistance to you and your staff during this process.

Sincerely,

Priscilla Lisicich, Ph.D.
Chair
Governor's Council on Substance Abuse

cc: Dick VanWagenen, Governor's Executive Policy Office
Marty Brown, Director of Office of Financial Management
Juli Wilkerson, Director of the Department of Community, Trade and Economic Development
Terry Bergeson, Superintendent of Public Instruction
Dennis Braddock, Secretary, Department of Social and Health Services
Joseph Lehman, Secretary, Department of Corrections
Merritt Long, Chair, Liquor Control Board
Brad Owen, Lieutenant Governor
Mary Selecky, Secretary, Department of Health
Lowell Porter, Chief, Washington State Patrol
Carol Owens, Council Coordinator

TABLE OF CONTENTS

RECOMMENDATIONS FOR STATE POLICY ACTION DURING THE 2005-2007 BIENNIUM

ACKNOWLEDGEMENTS iii
GUIDING PRINCIPLES FOR CULTURAL DIVERSITY iv

I. GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 2005-07 RECOMMENDATIONS FOR PUBLIC PROGRAMS AND POLICY ACTION 1

THE GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 1

II. SUMMARY OF THE GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 2005-07 PROGRAM AND POLICY ACTION RECOMMENDATIONS 2

THE COUNCIL'S PLANNING PROCESS FOR 2005-07 RECOMMENDATIONS 2

SUMMARY OF 2005-07 RECOMMENDATIONS 2

PROGRAM ENHANCEMENT RECOMMENDATIONS IN ORDER OF FUNDING PRIORITY 3

PUBLIC POLICY RECOMMENDATION 4

RECOMMENDATION FOR REVENUE SOURCES TO SUPPORT 2005-07 ENHANCEMENTS 4

III. HOW WASHINGTON STATE IS WORKING TO REDUCE SUBSTANCE ABUSE 5

PREVENTING SUBSTANCE ABUSE 5

PREVENTION PAYS 6

CROSS-SYSTEM IMPROVEMENTS FOR SUBSTANCE ABUSE PREVENTION 7

CHEMICAL DEPENDENCY TREATMENT WORKS 8

ADDRESSING THE IMPACT OF CHEMICAL DEPENDENCY ON CRIME 10

CROSS-SYSTEM WORK TO REDUCE THE IMPACT OF METHAMPHETAMINE 11

IV. PROGRAM ENHANCEMENT PROPOSAL FOR 2005-2007 12

ENHANCEMENT PROPOSALS IN ORDER OF PRIORITY FOR FUNDING 12

PROGRAM AREAS 12

PROGRAM AREA 1: PROVIDE A STRONGER EMPHASIS FOR SUBSTANCE ABUSE PREVENTION PROGRAMS 13

PROGRAM AREA 2: IMPROVE CRIME LAB CAPACITY TO PROCESS EVIDENCE FOR DRUG RELATED CRIMES 14

PROGRAM AREA 3: TREATMENT SYSTEM IMPROVEMENTS 14

CAPTIAL COSTS RELATED TO TREATMENT PROPOSALS 15

V. PAYING FOR SUBSTANCE ABUSE PROGRAMS 16

REVENUE FOR 2005-07 ENHANCEMENTS PROPOSALS 19

APPENDICES **21**

APPENDIX A: COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE AND VIOLENCE **25**

APPENDIX B: WASHINGTON STATE CRIME LAB **35**

APPENDIX C: FETAL ALCOHOL SPECTRUM PREVENTION, FAS INTERAGENCY WORKGROUP **43**

APPENDIX D: RESIDENTIAL TREATMENT FOR PREGNANT AND PARENTING WOMEN AND THEIR CHILDREN **49**

APPENDIX E: ADOLESCENT CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT SERVICES FOR YOUTH WITH CO-OCCURRING DISORDERS **57**

APPENDIX F: CRIMINAL JUSTICE TREATMENT SERVICES **65**

APPENDIX G: SCHOOL BASED PREVENTION AND INTERVENTION SERVICES **73**

APPENDIX H: STATEWIDE BUDGET EXPENDITURE SUMMARY FOR 2003-05 PROGRAMS RELATED TO ALCOHOL, TOBACCO, AND OTHER DRUGS **81**

APPENDIX I: GCOSA PUBLICATIONS **87**

APPENDIX J: GOVERNORS COUNCIL ON SUBSTANCE ABUSE MEMBERS LIST **89**

LIST OF TABLES AND FIGURES

TABLE 1: 2005-07 ENHANCEMENT RECOMMENDATION SUMMARY **16**

TABLE 2: TOTAL 2005-07 ENHANCEMENT RECOMMENDATION BY PROGRAM AREA **17**

FIGURE 1: ALCOHOL, DRUG AND OTHER RELATED PROGRAMS FUNDING BY SOURCE **17**

FIGURE 2: PERCENTAGE OF EXPENDED FUNDS BY CATEGORY **18**

ACKNOWLEDGEMENTS

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Council representatives from the Council's state agency partners contributed background material and data for Council work sessions. They also worked with their agencies' staff to respond to Council requests for budget information and proposals to address the 2005-07 priorities identified by the Council:

Steve Jewell, Washington State Patrol; Martin Mueller, Office of Superintendent of Public Instruction; Doug Allen, Division of Alcohol and Substance Abuse; Linc Weaver, Department of Health; and Paul Perz, Department of Community, Trade and Economic Development.

The members of the Council's Prevention Standing Committee:

Co-Chairs: Linda Thompson, Greater Spokane Substance Abuse Council and Glenn Dunnam, Lieutenant Governor's Office; Sally Cassella, Moses Lake; SFC Renalda Cyprain, Washington National Guard; Renee Hunter, Chelan/Douglas Together; Jennifer Lane, Grant County; Michael Langer, Division of Alcohol and Substance Abuse; Martin Mueller and Mona Johnson, Office of Superintendent of Public Instruction; Dick Nuse, Washington Traffic Safety Commission; Laura Porter and Bill Hall, Family Policy Council; Susie Roberts, Community Trade and Economic Development; Gunthild Sondhi, Spokane Valley.

We acknowledge several individuals who were particularly helpful to Council staff during the development of this report:

Dick VanWagenen, Governor's Policy Office; Carolyn Comeau, Department of Health; David Albert and Melissa Clarey, Department of Social and Health Services; Geri Greene, Washington State Patrol; and Dr. Barry Logan, Washington State Crime Lab.

Last but not least, the Council would like to thank the employees of the Department of Community, Trade and Economic Development who guided the Council through the process to develop the 2005-07 Council recommendations and synthesized the results into this set of recommendations.

Carol Owens, Ed.D, Council Staff Coordinator; Visudha Howe, Research Analyst; and Gail Mitchell, support staff.

The points of view or opinions contained in this document do not necessarily represent the official position of the Governor's Office, the Department of Community, Trade and Economic Development or other participating agencies.

CULTURAL DIVERSITY

Guiding Principle for Cultural Diversity

The Governor's Council on Substance Abuse (GCOSA) in carrying out our mission commits to do so as a tireless advocate for the needs of ethnic and cultural communities across the state.

The Governor's Council on Substance Abuse will:

- ☼ Strive consistently for multicultural awareness, respect, and responsiveness in the Council's own policy, procedures, structure, organization, documents, communications, outreach, decision- and priority-making, collaborations, and recommendations

- ☼ Require that all projects, programs, and collaborations of the Governor's Council on Substance Abuse be accountable for cultural competence and greater inclusiveness in their outreach, staffing, design, programming, community involvement, implementation, and evaluation

- ☼ Make as its priority the provision of ongoing support for state and local initiatives, programs, and projects that are reflective of the strengths and needs of the state's culturally diverse populations

- ☼ Facilitate and seek out ongoing opportunities to consider a broad spectrum of cultural perspectives and promote growing awareness and cultural competence by all its members and partners

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 2005-07
RECOMMENDATIONS FOR PUBLIC PROGRAMS AND POLICY ACTION

I. THE GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

The Governor's Council on Substance Abuse (GCOSA) was created by governor's executive order in 1994 to respond to the significant human, social and economic costs that substance abuse inflicts on individuals, families, and communities throughout Washington State. The Council carries out this mission by:

- studying the causes of substance abuse;
- identifying alternatives for state policy actions that protect Washington's residents from the spread of substance abuse impacts, and
- recommending policy action to assist communities to create healthy, drug abuse-free social environments for our children and families.

The twenty-six member Council includes private industry, local and tribal government, treatment providers, community groups, educators, and law enforcement. The directors of seven state agencies and legislators from the Democratic and Republican caucuses of the House and Senate represent state government. The Department of Community, Trade and Economic Development provides staffing for the Council. The Washington Interagency Network Against Substance Abuse (WIN) is a resource to the Council for policy analysis, research and recommendation development.

The Governor's Council on Substance Abuse works to provide common, statewide strategies that balance prevention, treatment, and law and justice efforts. It is the Council's philosophy that creating a drug abuse-free social environment for our communities is accomplished with an array of prevention, treatment, and law and justice strategies.

PREVENTION efforts empower individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors;

CHEMICAL DEPENDENCY TREATMENT is based on the knowledge that alcoholism and addiction to other drugs is a progressive disease. Treatment leads to positive behavioral change and abstinence from the use of alcohol and drugs; and

LAW AND JUSTICE actions by law enforcement, the criminal justice system and the courts reduce illegal activities related to the use, abuse and trafficking of alcohol, tobacco and other drugs.

II. SUMMARY OF THE GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 2005-07 PROGRAM AND POLICY ACTION RECOMMENDATIONS

The Council's Planning Process for 2005-07 Recommendations

As part of the Council's two-year planning process for development of the 2005-07 recommendations to the Governor and state agencies, the Council reviewed indicator data, budget and program information, and program outcomes to assess substance abuse impacts in Washington State and the current efforts to reduce substance abuse.

The Council hosted several community access meetings across the state. At a town meeting in Yakima in October of 2002, the Council heard from youth from across the state who relayed their substance issues and concerns.[1] During 2003 Council meetings in Vancouver and Bremerton, the Council heard about community substance abuse impacts and viewed exemplary programs that are making a difference in reducing substance abuse in those communities.

The Council's process to develop 2005-07 state policy and program recommendations involved several steps:

- The Council reviewed indicator data for an understanding of how substance abuse is currently impacting Washington State.
- The Council reviewed the current substance abuse-related programs funded through the state budget for the 2003-05 biennium.
- The Council identified top priorities for state policy or program action during the 2005-07 biennium.
- The Council asked agency members to prepare proposals specific to state action that could address the Council 2005-07 priorities.
- The Council reviewed revenue options and developed recommendations for revenue sources to support recommended program enhancements.

The results of the planning process for the 2005-07 policy and program action recommendations are detailed in the following sections.

Summary of 2005-07 Recommendations

The top issues the Council identified to be addressed in 2005-07 are:

- Provide a stronger emphasis for substance abuse prevention programs;
- Improve crime lab capacity for the processing of evidence for drug-related crimes;
- Address the impact of Fetal Alcohol Spectrum Disorder;
- Improve residential chemical dependency treatment services for pregnant and parenting women;
- Improve residential chemical dependency treatment services for youth; and
- Improve the options for court-supervised and criminal justice system-based chemical dependency treatment services.

[1] Governor's Council on Substance Abuse (2002). *Summary of Substance Abuse Town Meeting - Washington Prevention Summit October 24 ,2002.* Department of Community, Trade and Economic Development. Olympia, WA.

The Council recommends funding enhancements totaling $46.1M for the 2005-07 biennium, including $34.99M in program costs and $11.1M in capital costs. These proposals were prepared at the request of the Council and may not reflect individual agency budget requests for 2005-07.

Program Enhancement Recommendations in Order of Funding Priority
(Without Capital Costs)

1.	Community Mobilization Against Substance Abuse (FY06 - $2,000,000/FY07 - $2,000,000)	$4,000,000
2.	Washington State Crime Lab Services (FY06 - $878,000/FY07 - $1,106,000)	$1,984,000
3.	Fetal Alcohol Spectrum Prevention	
	A. FAS Interagency Workgroup (FY06 - $230,000/FY07 - $215,000)	$445,000
	B. Residential treatment for pregnant and Parenting women and their children (FY06 - $472,403/FY07 - $472,403)[2]	$944,805
4.	Residential Chemical Dependency Treatment for Youth (FY06 - $ -0- /FY07 - $1,470,000)[3]	$1,470,000
5.	Criminal Justice Treatment Services (FY06 - $7,875,000/FY07 - $14,000,000)	$21,875,000
6.	School-based Prevention and Intervention Services (FY06 - $2,129,587/FY07 - $2,129,587)	$4,259,175
Sub-Total Enhancement Without Capital Costs		**$34,977,980**

Capital Expenditures

Residential treatment for pregnant and parenting women and their children (see 3B above). (Purchase, renovation and equipment costs, FY06 only)	$2,118,176
Residential chemical dependency treatment for youth (see 4 above) (Purchase, renovation and equipment costs, FY06 only)	$9,000,000
Sub-Total Capital Expenditures	**$11,118,176**
Total State Funds Enhancement with Capital Costs	**$46,096,156**

[2] Assumes that state funds would be matched by $944,805 in Medicaid reimbursements
[3] Assumes that state funds would be matched by $2,940,000 in Medicaid reimbursements

Public Policy Recommendation

The Council supports statewide implementation of the *WE CARE* matrix guidelines for Drug Endangered Children developed by the Governor's Methamphetamine Coordinating Committee. Clandestine drug labs are a significant problem in Washington State. The Department of Ecology responded to approximately 350 drug lab incidents in 1998 and nearly 1500 in 2003. Currently, Washington ranks sixth in the United States in number of methamphetamine (meth) labs identified by law enforcement. Since a significant number of illegal labs operate within residential homes, children are often found living in hazardous environments. In response to this problem, the Governor's Methamphetamine Coordinating Committee appointed a Drug Endangered Children's (DEC) subcommittee to examine existing national and local programs, research legal aspects and identify best practices. The subcommittee's work resulted in the development of the *WE CARE* Matrix.

The Matrix is applicable to situations where there is reasonable cause to believe that abuse and neglect of a child has occurred through exposure to controlled substances or chemicals and processes involved in manufacturing illegal drugs. To facilitate counties' response to the needs of drug-endangered children, the Matrix is offered as a tool. It was developed with the understanding that each county is unique and has specific regional needs and available resources that will influence the type of response implemented.

Successful DEC programs already exist in some Washington counties. The *WE CARE* Matrix is presented in the spirit of interagency cooperation with the hope that, used in conjunction with established programs and existing resources, statewide DEC programs will emerge and prosper. The guidelines are currently being reviewed by state and community agencies that work with children and families. The guidelines outline steps to ensure that children who are referred for services as a result of family drug abuse-related issues receive adequate screening and follow-up care. A copy of the draft guidelines can be requested from the Department of Health.

Recommendations for Revenue Sources to Support 2005-07 Enhancements

The Governor's Council on Substance Abuse recommends a tax on beer as the first option for funding the program enhancement package proposed by the Council for the 2005-07 Biennium.

To raise the $46.1M proposed would require a beer tax increase from $8.08 per barrel to approximately $21.84 per barrel, or $.005466 per ounce. This rate includes restoring the Basic Tax allocation to local governments back to the 1996 level of $2.60 per barrel.

The Council also suggests that taxes on spirits or wine could be considered as a revenue source to fund the costs of programs that address the impacts of alcohol and other drugs. Another source that could be explored is gambling revenue.

III. HOW WASHINGTON STATE IS WORKING TO REDUCE SUBSTANCE ABUSE

Preventing Substance Abuse

The prevention of substance abuse can be described as a proactive process that empowers individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.[4]

In Washington State, substance abuse prevention programs are provided through a collaborative process that organizes the efforts of many organizations and individuals. The collaborative efforts to prevent substance abuse and reduce substance abuse impacts are meant to provide positive and lasting change in communities.[5]

Over 45 years of substance abuse research has documented the importance of the actions of families, schools, communities and peer groups to protect children from exposure to risks and provide opportunities for positive participation in their communities. This participation builds the skills and develops the personal assets youth need to become healthy, resilient and competent adults.[6]

Past and continuing substance abuse prevention research has provided Washington's public agencies and community organizations with the information and skills necessary to focus on "evidence-based" prevention program models. These models incorporate the prevention principles demonstrated to be most effective in reducing substance abuse. The prevention program planning models for publicly funded programs in Washington State routinely incorporate needs assessment, resource assessment, age-appropriate program selection and evaluation of program outcomes into prevention programs.

To be most effective, community-based strategies for substance abuse prevention should include environmental strategies that emphasize development of positive community norms and standards, as well as targeted approaches that focus on groups at high risk for problems with substance abuse. For maximum and lasting community impact, the overall prevention strategy needs to be comprehensive, incorporating prevention efforts across community, school, family and peer domains, and linked to a continuum of substance abuse services that include intervention, treatment and treatment recovery support.

For maximum and lasting community impact, the overall prevention strategy needs to be comprehensive, incorporating prevention efforts across community, school, family and peer domains, and linked to a continuum of substance abuse services that include intervention, treatment and treatment recovery support.

Community coalitions and partnerships are essential to mobilizing and sustaining an organized and informed community substance abuse prevention strategy. These coalitions have also been

[4] Governor's Substance Abuse Prevention Advisory Committee. (2002). *Washington State Incentive Grant Compilation Report.* Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, WA.
[5] Governor's Council on Substance Abuse. (2004). *Substance Abuse Prevention Progress in Review.* Washington State Department of Social and Health Services. Olympia, WA.
[6] Ibid.

very successful at leveraging public and private community resources to address the problems associated with abuse of alcohol, tobacco and other drugs. With ongoing training and technical assistance to keep program staff and community volunteers up to date on the prevention program models and organizing techniques, community coalitions can provide an ongoing effort that sustains healthy and lasting change in communities.

Prevention Pays

There are a number of recent research studies that have reviewed the outcomes of prevention programs to determine the cost and benefit.

The National Institute on Drug Abuse data indicates that substance abuse prevention programs can save as much as four to five dollars in future treatment and counseling costs for every dollar invested.[7]

Research evaluating the outcomes for school based prevention programs found that for each student participating in school-based prevention programs at an average cost of $150, society realized a quantifiable benefit equal to $840.

Research evaluating the outcomes for school-based prevention programs found that for each student participating in school-based prevention programs at an average cost of $150, society realized a quantifiable benefit equal to $840.[8]

A longitudinal study of prevention programs that combine family and school prevention and intervention approaches found that a cost savings of $9.60 resulted for every $1.00 invested.[9]

Another study of the impact of prevention programs on future criminality found that for every dollar spent in prevention or intervention programs, an average of $10.28 in future criminal activity is saved. For the programs evaluated in the study, there was a range of $1 to $20 saved for every $1 invested in prevention and intervention programs. Typical prevention and intervention programs reduced recidivism or crime rates for the target populations by 5-10%. Of the programs studied, the best ones achieved reduction rates between 20-30%.[10]

Since the release of the Council's 2003-05 policy recommendations in June of 2002, Washington State's emphasis on cross-system collaboration as a primary, statewide methodology for reducing substance abuse has continued to grow.

[7] National Institute on Drug Abuse (1997). *Prevention Drug Use Among Children and Adolescents.*
[8] Caulkins, J. (2002). *School-Based Drug Prevention: What Kind of Drug Use Does it Prevent?*
[9] Spoth, R. (2002). Longitudinal Substance Abuse Initiation Outcomes for a Universal Preventive Intervention Combining Family and School Programs. *Psychology of Addictive Behaviors, 16 (2), 129-134.*
[10] Aos, S. (2001). *The Comparative Costs and Benefits of Programs to Reduce Crime.* Washington State Public Policy Institute. Olympia, WA.

Cross-System Improvements for Substance Abuse Prevention

In 1998 Governor Locke began a collaborative process to improve cross-system prevention efforts, with the help of a State Incentive Grant from the federal Center for Substance Abuse Prevention, Department of Health and Human Services. On September 1, 2002, the following agencies signed an agreement to work collaboratively on six statewide objectives to prevent substance abuse:

- Lieutenant Governor
- Family Policy Council
- Governor's Juvenile Justice Advisory Committee
- Department of Community, Trade, and Economic Development
- Office of Financial Management
- Liquor Control Board
- Department of Health
- Governor's Council on Substance Abuse
- Department of Social and Health Services
- Office of Superintendent of Public Instruction
- Washington Traffic Safety Commission

Through the work of these agencies, their community partners, and the Washington Interagency Network Against Substance Abuse (WIN), strategies to achieve the following six objectives to improve substance abuse prevention efforts in Washington State are continuing.[11] The six objectives are:

1. Use common, research-based outcome measurements to assess the effectiveness of substance abuse prevention strategies in reducing and protecting youth from risks that can lead to substance abuse.
2. Use common community needs and resource assessments to help communities focus local prevention planning efforts using common outcome measurements.
3. Implement substance abuse prevention programs and strategies that research has shown to be effective or promising.
4. Develop uniform reporting procedures and outcome measurement tools for all state-funded prevention programs.
5. Leverage funding and other prevention resources toward prevention strategies based on research and common community needs assessments and outcome measures.
6. Provide continuous training to improve the skills of paid and volunteer providers of prevention services.

As part of its continuing work to improve the substance abuse prevention systems in Washington State, the Governor's Council on Substance Abuse took action in January of 2002 to convene a Prevention Standing Committee made up of representatives from the state agencies and community constituent groups. A major project recently completed by the Governor's Council through the work of this committee has produced the first of a series of biennial reports that will

[11] Washington State Department of Social and Health Services (2003). *Washington State Incentive Grant Compilation Report.* Department of Social and Health Services. Olympia, WA.

track key data indicators to help assess Washington's progress toward preventing substance abuse and the harm that it causes.[12]

The first *Substance Abuse Prevention Progress in Review* for 2001-03 reported some good news:

- Use of alcohol, cigarettes and marijuana declined from 2000 to 2002 for students in all grades 6 through 12;
- The percentage of 10th and 12th graders who rode in a car whose driver had been drinking dropped between 1992 and 2002;
- Increasing percentages of 6th through 12th graders report that they feel safe at school; and
- Increasing percentages of 8th through 12th graders report that they feel a commitment to school.

But there was also some bad news:

- Use of alcohol and illegal drugs contributed to nearly 4,000, or 9%, of all deaths in Washington in 2001;
- Fewer 6th through 12th graders reported having opportunities for pro-social involvement in their communities in 2002 than in 2000; and
- The percent of 6th graders who reported feeling a commitment to school dropped between 2000 and 2002.[13]

In accepting this report, Governor Locke commended the groups that are working collaboratively in Washington State to reduce the impact of substance abuse on Washington's youth:

> "*I'm proud of Washington's collaborative approach to preventing drug abuse. By working together, state agencies and their local partners can focus available funding on effective programs. Keeping our kids off drugs isn't just government's job — it's a job we all share."*[14]

Chemical Dependency Treatment Works

Research studies in Washington State and nationally continue to demonstrate that providing chemical dependency treatment is a good investment of public funds. A comprehensive study by the Office of Research and Data Analysis found that every public dollar spent on treatment in Washington State resulted in a savings of $3.71 in medical and criminal justice costs over the subsequent four years.[15] A research study from the University of Washington published by the Department of Social and Health Services showed that, for 1996 alone, the substance abuse-related costs arising from health care, social welfare programs, loss in productivity, crime, and law enforcement in Washington State were more than $2.5 billion.[16]

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[12]Governor's Council on Substance Abuse (2004). *Substance Abuse Prevention Progress in Review. Biennial Report 2001-03*. Washington State Department of Social and Health Services. Olympia, WA.
[13]Ibid.
[14]Press Release: Washington State Office of the Governor. April 8, 2004.
[15]Office of Research and Data Analysis (1997). Washington State Department of Social and Health Services. Olympia, WA.
[16]Wickizer, T. (1996). *The Economic Costs of Drug and Alcohol Abuse in Washington State.* Washington State Department of Social and Health Services. Olympia, WA

Addiction to alcohol and other drugs is a major contributor to poverty, crime and family disintegration. When individuals addicted to alcohol and other drugs go untreated, they commit more crimes, suffer more health problems, work less and use more public assistance. They have higher rates of child abuse and neglect, unplanned pregnancies, homelessness and psychiatric hospitalizations. Youth with substance abuse problems have higher rates of truancy, are more likely to drop out of school and have poorer school achievement.

A research study from the University of Washington published by the Department of Social and Health Services showed that, for 1996 alone, the substance abuse-related costs arising from health care, social welfare programs, loss in productivity, crime and law enforcement in Washington State were more than $2.5 billion.

The 2003 report on drug abuse trends in Washington State reports an alarming trend. Chronic drinking among Washington's adults is at its highest point in over a decade. This same report shows that public funds allocated for chemical dependency treatment are still only able to serve one out of every four adults who are eligible and in need of treatment.[17]

For persons who receive the chemical dependency treatment they need, the results are impressive. Crime rates drop. Employment goes up. Adults with children are more likely to be able to provide and care for their children. The results of chemical dependency treatment are positive, even for individuals who were coerced into treatment as a result of criminal justice involvement.

- For Washington youth ages 14-17 who completed treatment, there was a 56% decrease in felony convictions from the year prior to treatment to the year after treatment, and a 30% decline in misdemeanor convictions.[18]
- A study of 10,000 adults who received publicly funded chemical dependency treatment in Washington State found a 33% decline in felony arrests in the year after treatment, compared with the year prior to treatment.[19]
- The arrest rate for pregnant and parenting women who received chemical dependency treatment decreased by more that 50% in the two years after treatment.[20]

Treatment outcomes save public funds and pave the way to healthier and more productive lives.

- Average Medicaid costs for infant medical care during the first two years of life was 1.4 times greater for mothers with untreated substance abuse compared to mothers who received treatment during the prenatal period.[21]
- For individuals who had Medicaid medical expenses prior to chemical

[17] Division of Alcohol and Substance Abuse (2003). *Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State*. Washington State Department of Social and Health Services. Olympia, WA.
[18] Luchansky, B. (2003). *Treatment Readmissions and Criminal Recidivism in Youth Following Participation in Chemical Dependency Treatment.* Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, WA.
[19] Luchansky, B. (2002). *Substance Abuse Treatment and Arrests: Analyses from Washington State.* Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, WA.
[20] Cawthorn, L. (2004). *First Steps Database. Safe Babies, Safe Moms.* Washington State Department of Social and Health Services, Office of Research and Data Analysis. Olympia, WA.
[21] Cawthorn, L. (1995). *First Steps Database, Substance Abuse, Treatment, and Birth Outcomes for Pregnant and Postpartum Women in Washington State*. Washington State Department of Social and Health Services, Office of Research and Data Analysis. Olympia, WA.

dependency treatment, there was an average cost savings of $7900 compared to a similar group of clients who did not receive chemical dependency treatment.[22]

- A study of patients discharged from a residential chemical dependency treatment program for persons with co-occurring chemical dependency and mental health disorders found that Medicaid-paid medical and psychiatric services decreased by 44% in the year after treatment.[23]
- 605 of addicted adults completing a publicly funded chemical dependency treatment program became gainfully employed in the year after completing treatment.[24]
- A Washington State study of adolescents showed a drop of 50% in school discipline problems following substance abuse treatment.[25]

Addressing the Impact of Chemical Dependency on Crime

The costs associated with drug-related crime create major economic costs for Washington State. One finding of a 1996 University of Washington study was that the cost of alcohol and drug-related crime rose over 55% between 1990 and 1996 from a cost of $348 million to $541 million.[26] There is nothing in current crime data to indicate that the economic costs from the abuse of alcohol and other drugs have decreased since 1996.

- In 2000, over half of the adult males arrested and booked into jails in King County and Spokane tested positive for drugs.[27]
- Between 1991 and 2001, arrests for drug offenses doubled.[28]
- Between 1991 and 2001, the costs for imprisoning felony drug offenders doubled.[29]
- At the end of 2002, Department of Correction's (DOC) data showed that 21.3% of inmates in DOC custody had been convicted of drug crimes. Sixty percent to 80% of all prison inmates are estimated to be in need of chemical dependency treatment.[30]

As the costs to state and local governments for dealing with drug-related crime and incarceration have continued to rise, it has become increasingly difficult to identify adequate resources to

[22] Luchansky, B. (1997). *Cost Savings in Medicaid Medical Expenses: An Outcome for Publicly Funded Chemical Dependency Treatment in Washington State*. Washington State Department of Social and Health Services, Office of Research and Data Analysis. Olympia, WA.
[23] Maynard, C. (2000). Utilization of services for mentally ill chemically abusing patients discharged from residential treatment. *Journal of Behavioral Health Services and Research, 26, 219-228.*
[24] Wickizer, T. (2001). *The Impact of Substance Abuse Treatment on Employment Outcomes Among AFDC Clients in Washington Stat.,* Technical Assistance Publication Series #2, Center for Substance Abuse Treatment, SAMHSA, Rockville, MD.
[25] New Standard Inc. (1997). *Washington State Division of Alcohol and Substance Abuse One-Year and 18-Month Adolescent Outcomes Report.* Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, WA
[26] Wickizer, T. (1999). *The Economic Costs of Drug and Alcohol Abuse in Washington State, 1996.* Washington State Department of Social and Health Services. Olympia, WA.
[27] Office of Justice Programs, National Institute of Justice, U.S. Department of Justice (2001). *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports.* U.S. Department of Justice. Washington, DC.
[28] Washington Association of Sheriffs and Police Chiefs, *Crime in Washington.* Washington Association of Sheriffs and Police Chiefs, Olympia WA
[29] Ibid.
[30] Planning and Research Section, Washington State Department of Corrections. *Client Characteristics, Population Movement and Custody: Fiscal Year 2003.*

develop and maintain a balanced public policy approach that incorporates adequate prevention and treatment services with law and justice efforts to reduce substance abuse.

At the same time, substance abuse prevention and chemical dependency treatment research continue to demonstrate that public policy shifts that bring more emphasis to prevention and treatment strategies could reduce, or even eliminate, a major portion of future criminal justice costs.

The Governor's Council on Substance Abuse supports treatment and prevention efforts as the long-term strategy for reducing future drug-related crime and its impacts. At the same time the Council supports strong enforcement of current drug laws. This happens most effectively with cross-systems collaboration efforts that combine prevention, treatment and law and justice efforts to achieve common substance abuse reduction goals. The collaborative approach Washington State has taken for dealing with the methamphetamine epidemic provides an example and a model for how cross-system collaboration can maximize efforts and resources.

The Council supports treatment and prevention efforts as the long-term strategy for reducing future drug-related crime and its impacts.

Cross System Work to Reduce the Impact of Methamphetamine

In the early 1990's, the trafficking, manufacture and use of methamphetamine surfaced as a major problem in communities across Washington State. Compared to past drug epidemics, what seemed different about methamphetamine was the simultaneous impacts on systems that have not traditionally worked together on a joint drug abuse reduction strategy. This included law enforcement, chemical dependency treatment providers, health departments, Ecology, schools, child welfare agencies, landlords, and retail stores selling over-the-counter cold remedies. Even some agriculturally-focused organizations became involved when theft of anhydrous ammonia, a precursor for one method of meth manufacturing, became a problem for farmers in the eastern part of the State.

In 2000, the Governor's Council on Substance Abuse issued a report on methamphetamine, which included a set of recommendations for reducing its impact on Washington State.[31] A key recommendation was that there needed to be a coordinated, cross-system approach at both the state and community level to concentrate separate strategies into a single, coordinated, statewide strategy to bring the escalating impacts from methamphetamine under control. The Governor's Methamphetamine Coordinating Committee (GMCC) has brought statewide focus to efforts that started in places like Pierce County, which was the first place in the state to experience meth impacts. These collaborative efforts brought help from the federal government in the form of meth impact grants that have ranged from $2M to 4M per year since 2001. The GMCC passes federal grant funding through to local communities to help implement community-level meth

[31] Governor's Council on Substance Abuse. (2000). *Methamphetamine Abuse in Washington State*. Department of Community, Trade and Economic Development. Olympia, WA.

action teams across Washington. With support and training of a statewide technical assistance team, these teams are taking on the meth problem, one community at a time.

Washington's cross-system effort is beginning to pay off. According to data from the Washington State Patrol, the number of illegal meth labs busted in 2003 shows a 28% decrease from previous years, and the volume of meth seized is also decreasing. There is little doubt that it is the cross-system coordination that has been key to reducing the impact of meth. To quote a report from the National Crime Prevention Council, "What sets Washington apart is its commitment to coalesce local, state, and federal efforts to combat meth in a comprehensive, statewide initiative--state, county, and community agencies have teamed up with congressional leaders, federal agencies, and national and local nonprofit organizations to integrate law enforcement, prevention/intervention, and treatment to address the methamphetamine problem."[32]

IV. PROGRAM ENHANCEMENT PROPOSAL FOR 2005-07

Enhancement Proposals in Order of Priority for Funding

The Governor's Council enhancement proposal for the 2005-07 Biennium totals $46.1M including $34,997,980 in operating costs of the recommended prevention, treatment, and law and justice programs and $11,118,176 in the capital expenditures to renovate and equip two proposed residential treatment programs. The following is a listing of the enhancement proposals, in order of the priority for funding during the 2005-07 biennium.

1. Community Mobilization Against Substance Abuse
2. State Crime Lab
3. Fetal Alcohol Syndrome – FAS Taskforce*
3. Residential Treatment for Pregnant and Parenting Women and Their Children*
4. Adolescent Residential Treatment
5. Criminal Justice Treatment Services
6. School-based Prevention and Intervention Services

*Note: FAS Taskforce and Residential Treatment for Pregnant and Parenting Women are both ranked as #3 priorities by the Council.

Program Areas

The seven priority programs identified by the Governor's Council on Substance Abuse are organized below into the three program areas that would be impacted by this recommended budget enhancement action during the 2005-07 Biennium. At the request of the Council, state

[32] Governor's Council on Substance Abuse (2004). *Substance Abuse Prevention Progress in Review, Biennial Report for 2001-2003.* Washington State Department of Social and Health Services. Olympia, WA.

agencies prepared proposals for the Council's use in developing this enhancement package. Copies of each proposal are included as appendices starting on page 21.

Program Area 1: Provide a stronger emphasis for substance abuse prevention programs

The best long-term solution to reduce substance abuse and its impacts is with prevention. The Council believes that current research supports the cost effectiveness of prevention and early intervention for reducing future substance abuse and its costly impacts and consequences for Washington State.

Effective prevention will require long-term commitment and investment. There are three small investments in prevention that the Council recommends for the 2005-07 Biennium.

1. **Community Mobilization Against Substance Abuse** **$4,000,000**
   (FY06 - $2,000,000/FY07 - $2,000,000)

   This proposal would provide for more widespread use of scientifically defensible prevention strategies. Local capacity, which suffers from high staff turnover, will increase through state-provided trainings. Additionally, the proposal would ensure the streamlined collection of community prevention program outcomes and data through a web-based system. (See Appendix A for more detail.)

2. **Fetal Alcohol Syndrome Prevention**
   FAS Interagency Work group $**445,000**
   (FY06 - $230,000/FY07 - $215,000)

   It can be difficult for individuals seeking information and resources about Fetal Alcohol Syndrome (FAS) to find accurate information about FAS and services available in Washington State. This proposal would support a statewide FAS coordinator, and develop and maintain a website with information and resources for FAS prevention and help for people who may already have FAS. In addition the proposal would provide support for volunteer recruitment and training and clerical support to maintain the five existing Fetal Alcohol Syndrome Diagnostic clinics in Washington State. (See Appendix C for more detail.)

3. **School-based Prevention and Intervention Services** **$4,259,175**
   (FY06 - $2,129,587/FY07 - $2,129,587)

   The Prevention and Intervention Services Program places prevention/intervention specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and violence. The programs have suffered from funding reductions and inflation that reduced the number of specialists statewide and the number of children served. This proposal would place specialists in 400 secondary schools that currently have no prevention or intervention services. This increased staffing capacity would provide direct services to an additional 20,000 children. (See Appendix G for more detail.)

Subtotal for Prevention **$8,704,175**

Program Area 2: Improve crime lab capacity to process evidence for drug-related crimes
The ability of law enforcement, prosecutors and the courts to investigate and prosecute drug-related crimes often hinges on the results of state crime lab processing of evidence. The backlog in crime lab caseloads for both controlled substances and clandestine lab work has increased over the last two years. The expected turnaround time of 10 days has increased to a median of 25-30 days since 2000. The impact is delays in criminal trials and the issuance of death certificates.

Washington State Crime Lab **$1,984,000**
(FY06 - $878,000/FY07 - $1,106,000)

The Washington State Crime Lab cannot meet the caseload increase from drug-related criminal cases. This proposal would increase staffing to meet forensic lab analysis needs for the increased number of drug chemistry and clandestine drug manufacturing cases. The increase in staffing would balance the demand for services and provide services in areas that previously have not had sufficient access to crime lab analysis services. (See Appendix B for more detail.)

Program Area 3: Treatment system improvements
The cost effectiveness of chemical dependency treatment both in terms of improving the health and productivity of individuals addicted to alcohol and other drugs and the cost savings in health care, criminal justice and child welfare costs is well documented. Still, in Washington State only one individual in 10 who is eligible and in need of treatment is currently receiving it. There are three areas for chemical dependency treatment that the Governor's Council on Substance Abuse recommends as priorities for enhancement during the 2005-07 Biennium.

1. **Residential Treatment for Pregnant and Parenting Women and Their Children** **$944,805**
   (FY06 - $472,403/FY07 - $472,403)*

   In Region 6, Pregnant and Parenting Women (PPW) in need of chemical dependency treatment do not have access to residential treatment. The goal of PPW programs is to reduce the number of drug-affected infant births and promote safe and healthy families. In order to receive services, this state-identified priority population must leave their communities and go to Tacoma or Yakima, which often have long waiting lists that prevent or delay admittance for these women. This proposal calls for purchase and renovation of a building in Region 6 to provide residential treatment program with a capacity of up to16 women and their children.

2. **Residential Chemical Dependency Treatment for Youth (FY06 - $ 0 /FY07 - $1,470,000)**** **$1,470,000**

   Youth with co-occurring disorders requiring residential chemical dependency treatment services lack immediate access due to high waitlists and insufficient service capacity. There is a waiting list of 4 to 6 weeks for a youth treatment bed. Because of the waitlists,

many youth will not receive services when needed. The alternative is often that these youth end up in shelters, on the streets, or in detention. Building a residential treatment facility for these specialized services would increase capacity and reduce response time, effectively reducing two of the greatest barriers for the provision of these services. Providing appropriate residential treatment to this population would reduce future costs for other services for these youth. (See Appendix E for more detail.)

3. Criminal Justice Treatment Services $21,875,000
(FY06 - $7,875,000/FY07 - $14,000,000)

Many offenders are in need of substance abuse treatment. Currently, the system serves only about 4% (3000) of those in need. This recommendation would increase the number of offenders to who will receive substance abuse treatment services rather than prosecution and incarceration 10% (7000). Successful treatment is based upon combining treatment services with court supervision such as drug courts. This proposal will help ease the over-crowding of Washington state jails and prisons and will provide substance abusers with the services they need. (See Appendix F for more detail.)

Subtotal for Treatment Without Capital Costs $24,289,805

Capital Costs Related to Treatment Proposals

The extraordinary costs associated with purchase and renovation of facilities to meet state licensing requirements are a barrier for many private chemical dependency treatment programs that are qualified to provide state-contract services. The capital enhancement funds proposed would be used to renovate vacant state facilities for lease to chemical dependency treatment providers. This as an opportunity to forge productive private/public partnerships to increase the options for treatment.

*Residential treatment for pregnant and parenting women and their children (Purchase, renovation and equipment costs)	$2,118,176
**Residential Chemical Dependency Treatment for Youth (Purchase, renovation and equipment costs)	$9,000,000
Subtotal Treatment Capital Costs	**$11,118,176**
Total Treatment with Capital Costs	**$35,407,981**

Total Enhancement Package with Capital Costs $46,096,156

TABLE 1: 05-07 PRIORITY ENHANCEMENT RECOMMENDATION FISCAL SUMMARY

Enhancement Proposal	05-07 Total Biennial Operating Costs	05-07 Biennial Projected Revenue*	05-07 Adjusted Biennial Operating Costs	05-07 Biennial Capital Costs	Total Costs Less Revenue
Community Mobilization Against Substance Abuse	$4,000,000		$4,000,000		$4,000,000
WSP Crime Lab Residential CD Treatment for Pregnant and Parenting Women	$1,984,000		$1,984,000		$1,984,000
Fetal Alcohol Syndrome and Prevention Interagency Workgroup	$1,889,610	$(944,805)	$944,805	$2,118,176	$3,062,981
Adolescent Chemical Dependency Residential Treatment Services	$445,000		$445,000		$445,000
Criminal Justice Treatment Services	$2,940,000	$(1,470,000)	$1,470,000	$9,000,000	$10,470,000
School Based Prevention Services	$21,875,000		$21,875,000		$21,875,000
Total	**$4,259,175**		**$4,259,175**		**$4,259,175**
	$37,392,785	**$(2,414,805)**	**$34,977,978**	**$11,118,176**	**$46,096,156**

***Projected revenues reflect estimated Medicaid reimbursements.**

V. PAYING FOR SUBSTANCE ABUSE PROGRAMS

As part of the background research for this report, Council staff compiled a summary of state agency expenditures from the state, federal and hard dollar match allocated for substance abuse-related programs through the state budget for 2003-05 (See Appendix H: Statewide Budget Expenditure Summary). TABLE 2 on the next page shows the total reported expenditures by the categories of prevention, treatment, and law and justice. The statewide budget total equals more than $700M in state, federal and hard dollar match that were allocated for substance abuse-related prevention, treatment, and law and justice programs during the 2003-05 biennium.

TABLE 2: TOTAL REPORTED EXPENDITURES BY CATEGORY

Total Reported Expenditures By Category	State 2003-2005	Federal 2003-2005	Cash Match 2003-2005	Total 2003-2005
Prevention	$65,141,610	$40,991,832	$1,967,240	$108,100,682
Treatment	$153,492,847	$80,553,902	$21,949,573	$255,996,322
Law and Justice	$286,647,890	$16,858,557	$9,424,900	$312,931,347
Other/Cross System	$16,618,302	$6,457,764	$0	$23,076,066
Statewide Total	**$521,900,649**	**$144,862,055**	**$33,341,713**	**$700,104,417**

FIGURE 1 (below): Total Alcohol, Drug and Other Related Program Funding by Funding Source and FIGURE 2 (on the next page): Percentage of Expended Funds by Category show that drug related Law and Justice Costs account for $312M (46%) of this total. Chemical Dependency Treatment costs account for, $256M (38.%), and Prevention costs account for $1.08M (16%). (See Appendix H for more information.)

FIGURE 1
Alcohol, Drug and Other Related Program Funding By Funding Source

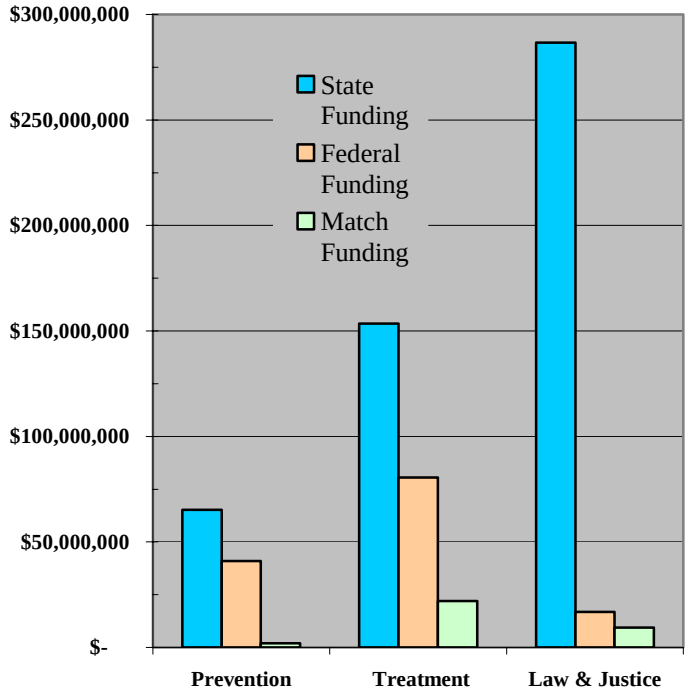
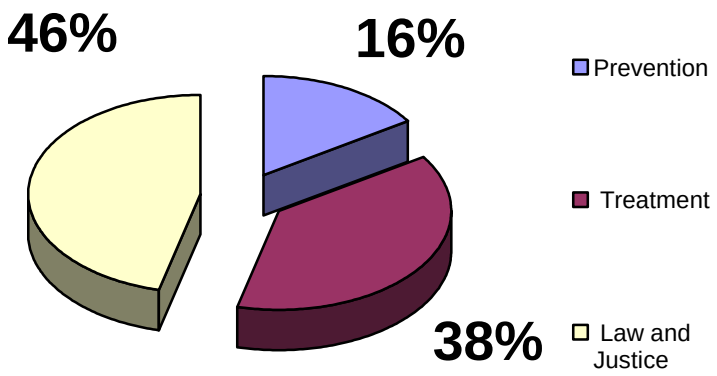


FIGURE 2
Percentage of Expended Funds by Category



The Governor's Council reviewed the programs and funding allocated in the state's 2003-05 budget to consider whether there are current programs that should be reduced, enhanced or should receive the same funding level in the 2005-07 state budget. There was a range in the ratings across programs. With the exception of the six enhancement proposals included in this report, the Council is not recommending changes from 2003-05 funding levels for substance abuse programs.

When the Governor's Council on Substance Abuse reviewed the 2003-05 state budget, over half of the members (53.3%) participating in the budget review identified state funding expended for drug offender confinement costs ($176,222,000) as an area that should be considered for budget reduction. At the same time, Council members identified the provision of court-supervised, institution-based and community-based chemical dependency treatment for drug offenders as top priorities for enhancement.

Recognizing that confinement costs are driven by the prison population, the Governor's Council on Substance Abuse notes that the long-term solution for reducing substance abuse and its impacts should be to shift more emphasis to prevention and treatment strategies. Over time this could reduce the necessity to expend such a large portion of state resources on the costs for incarcerating drug offenders.

A process is underway in Washington State to change the sentencing structure for persons convicted of drug-related crimes. A new sentencing grid will become effective July 1, 2004. Changes in sentencing guidelines for drug offenders will allow the transfer of savings in confinement and facility costs in the prison budget, to prison and community-based alcohol and drug treatment. Twenty-five percent of the projected savings will remain in the Department of Corrections budget to fund prison-based alcohol and drug treatment. Seventy-five percent, or up to $8.25M per year, will be directed to counties through grants from the Division of Alcohol and

Substance Abuse to fund community-based alcohol and drug treatment for individuals who are prosecuted on drug-related charges.

Revenue for 2005-07 Enhancement Proposals

The Governor's Council on Substance Abuse recommends a tax increase on beer as the first option to consider for funding the program enhancement package proposed by the Council for the 2005-07 Biennium.

To raise the $46.1M proposed from beer tax revenues would require a beer tax increase from $8.08 per barrel, to approximately $21.84 per barrel,or $.005466 per ounce. This rate includes restoring the Basic Tax allocation to local governments back to the 1996 level of $2.60 per barrel.

BEER TAX QUICK FACTS

- The current tax on beer is $8.08 per barrel (rate of $0.002036 per ounce)
- $2.00/barrel of the current tax on beer is allocated to the Violence Reduction and Drug Enforcement Account (VRDE). The $2.00 tax was enacted in 1989 and made permanent in 1994. RCWs 66.24.290(2) and 9.59.529. There has been no rate increase since 1989.
- The $1.30 Basic Tax is distributed--0.03% for law enforcement costs in border towns and counties; and 99.7% to local governments-- 20% to counties and 80% to cities. In 1997 this tax was reduced from $2.60 to the current rate of $1.30 and a 7% surtax was repealed. RCW 66.24.290(1).
- Health Services: A beer tax for healthcare was established in 1993 at $0.96 per barrel, with automatic increases to $2.39 in 1995 and to $4.78 in 1997. RCWs 66.24.290(3) and 43.72.900.

The Council also suggests that taxes on spirits or wine could be considered as a possible revenue source to fund the costs of programs that address the impacts of alcohol and other drugs. Another source that could be explored for substance abuse programs is the revenue from gambling.

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APPENDICES

APPENDIX A: COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE AND VIOLENCE 25

APPENDIX B: WASHINGTON STATE CRIME LAB 35

APPENDIX C: FETAL ALCOHOL SPECTRUM PREVENTION, FAS INTERAGENCY WORKGROUP 43

APPENDIX D: RESIDENTIAL TREATMENT FOR PREGNANT AND PARENTING WOMEN AND THEIR CHILDREN 49

APPENDIX E: ADOLESCENT CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT SERVICES FOR YOUTH WITH CO-OCCURRING DISORDERS 57

APPENDIX F: CRIMINAL JUSTICE TREATMENT SERVICES 65

APPENDIX G: SCHOOL BASED PREVENTION AND INTERVENTION SERVICES 73

APPENDIX H: STATEWIDE BUDGET EXPENDITURE SUMMARY FOR 2003-05 PROGRAMS RELATED TO ALCOHOL, TOBACCO, AND OTHER DRUGS 81

APPENDIX I: GCOSA PUBLICATIONS 87

APPENDIX J: GOVERNOR'S COUNCIL SUBSTANCE ABUSE MEMBERS LIST 89

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APPENDIX A:
COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE AND VIOLENCE

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal.

Program: Community Mobilization Against Substance Abuse and Violence Program (CM)

Expenditure Detail

Operating Expenditures	**FY 2006**	**FY 2007**	**Total**
181-250 VRDE Fund-State $2,000,000	$2,000,000	$2,000,000	$4,000,000
Total Cost (VRDE)	$2,000,000	$2,000,000	$4,000,000
Objects of Expenditure			
A - Salaries			
B - Benefits			
C - Contracts	$200,000	$200,000	$400,000
E - Goods & Services			
G - Travel			
J - Equipment			
N - Grants	$1,800,000	$1,800,000	$3,600,000
S - Interagency Reimbursements			
Total Expenditures	**$2,000,000**	**$2,000,000**	**$4,000,000**
Staffing (B6)	0	0	0
Revenue (B9)	0	0	0

Description:

Enhancement Elements: CM funds local coalitions to address substance abuse and violence strategies. It pays for community organizing as well as other prevention strategies, such as parenting classes and mentoring programs. This proposal will increase access to evidence-based programming, improve the data management system, and provide trainings to local CM Coordinators and CM Policy Boards.

1. Support Evidence-Based Programming
   As the substance abuse and violence prevention field matures and becomes increasingly more effective, it continues to require more rigor in evaluation and implementation. The

substantial research required to gain confidence in the efficacy of a program costs time and money, so evidence-based strategies are often more expensive.

Evidence-based prevention approaches are those that have either undergone rigorous research to prove their efficacy, or those that consistently incorporate the Principals of Effective Prevention as set forth by the Center for Substance Abuse Prevention (CSAP). The Communities That Care ® (CTC) model of community organizing, which is the foundation of the Community Mobilization Program, is an evidence-based approach that has undergone rigorous research to prove its effectiveness.

Expected Outcomes: As a result of CM's providing local evidence-based approaches, including community organizing, more people will be served effectively. In the long-term, the risk factor "community norms favorable to substance abuse and violence" will decrease, and incidents of substance abuse and violence will decrease.

2. Increase the capacity, sustainability, and effectiveness of local coalitions and address transition issues resulting from local CM Board and CM Coordinator turnover by providing needed local trainings.

   - **CM Policy Board Training.** The CM Program model has experienced ongoing development and improvement since program inception in 1989. Each local CM Board is a *policy* board that represents the community, as charged by RCW, to oversee the program. Local CM Policy Boards are now asking that ongoing, routine training be provided to them by CTED; however, CM's limited funding and staffing have restricted CTED's ability to provide this training except in corrective action circumstances. The CM Boards are voluntary; it is essential that a training program begin to help them enhance their ability to oversee their local CM Programs and represent their larger communities. In addition, formalized Board trainings will increase the evidence-based field and CM's contribution to that field.

   - **Community Organizing Training.** If CTED staff are going to continue to meet the needs of the local CM Contractors, then their role must evolve as the program evolves. The science of prevention has largely been delineated, and training is available concerning substance abuse prevention science. Application and reporting requirements are developing and converging across the state agencies. However, there is one area in particular for CM that needs further attention. CM Contractors must, by law, also act as local community organizers. To date they have had to figure out how to do this on the job, by taking courses, by examining the relevant research, or by talking with their peers and CTED staff. CTED wishes to develop a formal Community Organizing Training module, to be provided several times per year. Community organizing is hard work--consider only the level of conflict resolution skill needed in order to create successful collaborations--the local CM contractors need this training and support. It is envisioned that community organizing training will teach skills in leadership; group facilitation and development; communication; conflict resolution and mediation; how to identify and involve diverse community members; key leader involvement and issues; and more.

Expected Outcomes: Additional trainings will result in more community members being educated and involved in prevention work, being able to communicate more effectively, and being better able to deal with conflict. In the long-term, the risk factor "community norms favorable to substance abuse and violence" will decrease, and incidents of substance abuse and violence will decrease.

3. Improvement of data collection, analysis, and reporting system: One such system being explored is the Performance Based Prevention System (PBPS). PBPS is a web-based system that documents each stage of the prevention planning process: needs assessment; priority risk and protective factors to be addressed; individual project implementation including dates, hours of service, and individuals served; staff providing services; measurement tools; and compilation of outcomes realized using the measurement tools. The PBPS was developed with the support of a federal grant and the long-term collaborative efforts of the state prevention agencies, including the Department of Community, Trade and Economic Development (CTED), Office of the Superintendent of Public Instruction (OSPI), and Division of Alcohol and Substance Abuse (DASA). The PBPS will help local coalitions better evaluate the effectiveness and efficiency of their prevention work and to communicate their findings to the community at large, to legislators, and to other stakeholders. The PBPS is currently being used by the DASA and plans are underway for its use by the OSPI, Prevention/Intervention Program. The CM Program already has a web-based data collection system that was originally developed in partnership with DASA; the PBPS would replace that, while supporting increased collaboration among local prevention entities during a time of shrinking resources and increasing needs.

Expected Outcomes:

- **Mandate for Partnership in Data Collection.** The *Washington State Substance Abuse Prevention System* (March 2002) objective 4 is to "Develop uniform reporting mechanisms to capture outcomes of individual community prevention programs. Build upon existing electronic databases to be shared across participating state agencies." CTED's adoption of PBPS would allow the CM Program to contribute to and receive both county-level and statewide program and outcome data using a common statewide prevention database system that will also be used by DASA and OSPI.
    - **Savings.** CM's site license and adaptation costs for the use of the PBPS will be 81% lower if CTED joins the system as a sub-state agency to DASA, which is already paying the main state-level costs (i.e., $180 per month for CTED under DASA, rather than $1,000 per month if CTED contracted directly for the services, and $40 per month for the CM Contractors versus $180 if CTED contracted directly for the services).

Performance Measure Detail	FY 2006	FY 2007
Outcome Measures (Indicate Code used on B11)		
1. Average minimum percent result that all CM counties will achieve on the Community Scorecard, which provides trend data about community organizing efforts and identifies areas in need of further development in the Community Domain	**80%**	**80%**
2. Percent of participating CM Programs that show statistically significant, positive results using a CTED sponsored measurement method: Focus Group Studies for Programs in the School Domain Surveys for Programs in the Family Domain or the Individual/Peer Domain These methods will provide evidence of program effectiveness or identify areas in need of improvement.	**75%**	**75%**
Output Measures (Indicate Code used on B11)		
1. Number of local policy boards trained	**10**	**10**
2. Number of local 40-hour community organizing trainings provided	**2**	**2**
Efficiency Measures (Indicate Code used on B11)		
1. PBPS cost savings as a sub-state agency to DASA	**$35,520**	**$35,520**
2. Number of "Evidence-based" programs implemented in local CM counties	**30**	**30**

Narrative Justification and Impact Statement

CM is an evidence-based, validated program that organizes and supports local community coalitions to develop comprehensive, collaborative plans and implement evidence-based strategies to reduce substance abuse and violence. This value-added proposal will require:

$1,800,000	Increase Evidence-Based Programming; improve data management system
$ 200,000	Provide contractor trainings to build coalition capacity, sustainability, and effectiveness
$2,000,000 TOTAL	

As a result, in the short term, more community members will be served; educated; involved; and better able to lead, communicate, and resolve conflict effectively. In the long term, the risk factor "community laws and norms favorable to substance abuse and violence" will decrease, and incidents of substance abuse and violence will decrease.

Objective: Increase the capacity of communities to reduce crime and assist the victims of crime.

The Community Mobilization Against Substance Abuse and Violence (CM) program provides technical assistance, training, and data to ensure that our customers, the local CM Coordinators

and communities, are prepared to be successful in their coalition development. A successful coalition conducts a collaborative, comprehensive community assessment of substance abuse and violence risk and protective factors; creates a strategic plan; and selects and implements evidence-based strategies to address the specific areas of concern. In addition to reducing substance abuse and violence, these strategies reduce crime, assist the victims of crime, assist low-income individuals and families, and advance the educational opportunities of low-income and vulnerable families. The crime reduction outcomes of community organizing can be illustrated by the success of the Pierce County CM program, Safe Streets. Through the work of the Safe Streets Campaign, which mobilizes residents in neighborhoods to stop crime, illegal gang numbers have been reduced from a record high of 2500 in 1989 to 150 gang members in 2004. In addition, in 1989 there were over 350 drive-by shootings perpetrated by illegal gangs, compared to only two recorded drive-by shootings in Pierce County in 2003. Mobilizing a critical mass of residents has produced the effect that the community does not tolerate such violent illegal activity.

Objective: Integrate agency-wide business practices and services

At the local level, CM programs work intimately with such CTED-related and-funded services as domestic violence/sexual assault programs (CM has offered a DV/SA training for its contractors), victim advocacy groups, ECEAP service providers, juvenile justice departments, law enforcement agencies, community action councils (housing, energy, food banks, social services), and institutions of higher education. As an example of integrated services, CM's substance abuse and violence reduction and community organizing efforts contribute to local economic development and growth management issues, and vice-versa. Substance abuse and crime (or the perception thereof) play a significant role in the stagnation and collapse of communities, and to the willingness of financiers to invest in improving distressed areas. Distressed rural or urban areas are the precise areas upon which both economic development and CM energies are typically focused. The coordination of efforts across economic development, growth management, and CM enhances the outcomes of both toward building a communities' readiness for and process of change. On the one hand, for example, zoning ordinances and code enforcement, common economic development tools, can clean up a neighborhood and encourage reinvestment, making that community inhospitable to drug trafficking and other crime. On the other hand, Community Mobilization contributes to economic development in a number of ways:

- Taking actions such as code enforcement can be unpopular; elected officials must have confidence that their constituency will support such action. CM can help mobilize this constituency.
- By its very nature, the community organizing focus of CM develops the natural leadership capabilities within local neighborhoods and communities. This leadership is a vital ingredient for successful community reinvestment and planning. Local leadership provides the catalyst to focus necessary action; it often makes the difference between a community that can respond to change, and one that cannot.
- CM provides conflict resolution skills, coordinates pertinent local group members and agencies, and builds community readiness and capacity for change. CM supports economic development and planning efforts by increasing neighborhood communication

and cooperation, and by improving a community's overall ability to manage conflict, respond to change, and adapt.

In addition, the prevention science upon which CM is built can provide local planners with accurate, vital data about where to target crime prevention or community reinvestment efforts. Through the community organizing training requested in this enhancement, local CM Coordinators will be able to more consciously integrate local economic development, growth management, and other CTED-related local services.

Objective: Enhance the ability of local leaders and their key partners to achieve community and economic development goals.

The foundation of CM's community organizing strategy is to identify, educate, and involve key local leaders to spearhead and sustain the local community development goals regarding substance and violence prevention and reduction. As such, key leader training, in addition to CM Coordinator training, will be an essential component of the proposed Community Organizing training. In addition, the partner participants on the CM Policy Boards will receive training to enhance their contributions to effective program service delivery in their communities.

Reason for Proposed Enhancement:

Stated needs from CM contractors in the field:

1. Trainings for CM policy board members to expand their knowledge of prevention, leadership skills, diversity, and conflict resolution, and their role as a policy board and community advocate for prevention.
2. Enhancement of CM Coordinators' skills in the CM central strategy of Community Organizing.
3. Maintain flexibility in tailoring evidence-based prevention strategies to best fit their communities.

Maintaining professional excellence in the face of escalating needs and costs

Prevention is a relatively new and rapidly developing field. As the substance abuse and violence prevention field matures and becomes increasingly more effective, it continues to require more rigor in evaluation and implementation. The substantial research required to gain confidence in the efficacy of a program costs time and money, so evidence-based strategies are often more expensive. In addition, practitioners in the field require more expertise, and therefore training, to be effective. Implementing comprehensive data management and coordinating with other departments, i.e., DSHS and OSPI, also costs more. CM has the unique opportunity to do this for a very modest cost.

Current Funding Level

Funding for CM totals $3.1 million per year. There is an allocation of $1.4 million in state funding from the Violence Reduction and Drug Enforcement Account (VRDE) and $1.4 million in federal funds from the Safe and Drug-Free Schools and Communities grant. In combination, these funds ensure a statewide CM prevention presence. Together these two resources annually

provide for 4.95 FTEs in CTED staffing and $2.7 million in pass-through to local CM Programs in each county.

CM's History of Funding Reductions
CM has experienced continual reductions in funding and staffing over the past 13 years.

State Fiscal Year→	**2004**	**1995**	**1991**
FTE's	4.95	7.36	3.02
Federal funds	$1.4 million	$1.9 million	$2.6 million
Violence Reduction/Drug Enforcement	$1.7 million	$1.7 million	$2.9 million
TOTAL	$3.10 million	$3.61 million	$5.56million

This dwindling funding, coupled with increased costs, produces a devastating effect on prevention in general and CM in particular, in spite of CM's positive reputation in the prevention community and legislature and outcome evaluations that show success.

Impact of the change on agency clients and services:
This enhancement will increase the capacity of local CM Programs to deliver evidence-based programs to their local clients and to maintain excellence using the best available science in their local service delivery. The training component will increase the readiness of local CM Coordinators and the CM Policy Boards to fulfill the intent of RCW 43.27 to organize communities against substance abuse and violence. Further, it will increase the integration of service delivery by CTED. The PBPS will increase local capacity to record and evaluate their efforts using a system that is shared across the state prevention agencies.

In the short term, more community members will be served; educated; involved; and better able to lead, communicate, and resolve conflict effectively. In the long term, the risk factor "community laws and norms favorable to substance abuse and violence" will decrease, and incidents of substance abuse and violence will decrease.

Impact on other state programs or other units of government:
This enhancement request supports the goals of the *Washington State Substance Abuse Prevention System* (March 2002); as such, it will affect how much the CM Program will be able to continue to participate as a partner with the other state prevention agencies in advancing the status of prevention efforts throughout the state, including DSHS/Division of Alcohol and Substance Abuse, OSPI, and DOH.

At the local level, CM programs work intimately with CTED-related and -funded services as domestic violence/sexual assault programs, victim advocacy groups, ECEAP service providers, juvenile justice departments, law enforcement agencies, community action councils (housing, energy, food banks, social services), and institutions of higher education. Local CM programs are increasing collaboration with local planning boards and economic development agencies in their work to reduce substance abuse and crime, implement aggressive code enforcement, develop local leadership capacity, and increase community members' communication and conflict resolution skills. These collaborations would be lost or reduced without this enhancement.

Effects of non-funding:

- Fewer evidence-based direct services locally
- Decreased local workforce development
- Fewer, less well-trained volunteers and community leaders
- Reduced job creation
- Decreased integration of services from CTED
- Less coordination with other state agencies
- Less ability to gather and report data regarding services delivered locally

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APPENDIX B:
WASHINGTON STATE CRIME LAB

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal.

Program: Washington State Patrol Forensic Laboratory Services Bureau

Recommendation Summary:
This proposal would staff new crime laboratories currently being completed in Cheney and Vancouver WA, and supplement drug chemistry staff in the Marysville Laboratory performing drug analysis. It would also upgrade staffing in the State Toxicology Laboratory to deal with increasing drug impaired driving caseload. Increased staffing levels would reduce turnaround time on casework, reduce backlogs, improve resources for local criminal investigators, and improve the comprehensiveness of testing in the state toxicology laboratory. The proposal also advocates completion of the second phase of the capital construction project in the Vancouver Crime Laboratory in the 2005/07 biennium.

Fiscal Detail

	FY 2006	FY 2007	Total
Operating Expenditures	**$878,000**	**$1,106,000**	**$1,978,000**
Staffing (FTEs)	**6**	**8**	**14FTE**

Description of existing program
The Forensic Laboratory Services Bureau (FLSB) of the Washington State Patrol (WSP) incorporates the State Crime Laboratory Division (seven laboratories throughout the state) and the State Toxicology Laboratory located in Seattle. The Bureau has a comprehensive ten-year plan for adjusting staffing levels to meet need in all disciplines and the enhancements described here deal specifically with drug chemistry and toxicology needs.

The Crime Laboratory Division performs a variety of forensic analyses among them forensic chemistry, which includes drug chemistry cases, clandestine drug manufacturing laboratories, arson casework, explosives, and general unknown substance testing. The Crime Laboratory division is staffed to capacity in its current facilities and is completing construction of new laboratories in Spokane and Vancouver. In 2003, state crime lab scientists analyzed 15,500

controlled substance cases. Controlled substance casework comprises 68% of the total cases submitted to the laboratory in any given year.

The State Toxicology Laboratory performs alcohol, drug and poison testing for death investigation agencies, drug and alcohol impaired driving (DUI) investigations, and drug facilitated sexual assault cases. The laboratories receive approximately 8,500 cases each year in total.

While the major driver in demand for the services of these laboratories has been the methamphetamine epidemic, demands for drug testing are up across the board. Table 1 illustrates the major drugs in controlled substance casework over the last three years.

Table 1.

DRUG	2003	2002	2001
Methamphetamine	6460	6339	6294
Cocaine	4626	3819	3994
Marihuana	3267	2890	2973
Heroin	1195	806	904
MDMA	151	141	222
Pseudoephedrine	150	117	150
Psilocin/psylocybin	107	153	101
Hydrocodone	60	56	45
Oxycodone	59	147	73

In net there has been a 4% annual increase in drug cases submitted with a corresponding number of them testing positive. Furthermore, many of these cases involve clandestine drug laboratories which are complex analytical chemistry cases involving testing reaction mixtures, precursors and chemical reagents, as well as product. The Laboratories also send chemists out to attend raids on major drug laboratories to deal with chemical hazards. The scientists responsible for drug cases also perform other types of testing including paints, arson cases, explosives, and other unidentified substances. Increases in demands for one service impacts many others. Backlogs have been increasing in both controlled substance casework and clandestine laboratory casework over the last two years. The real impact is further obscured by the overtime worked by staff to help hold these increases in check.

Figure 1. Controlled Substance Backlogs and Turnaround Time in State Crime Laboratory.

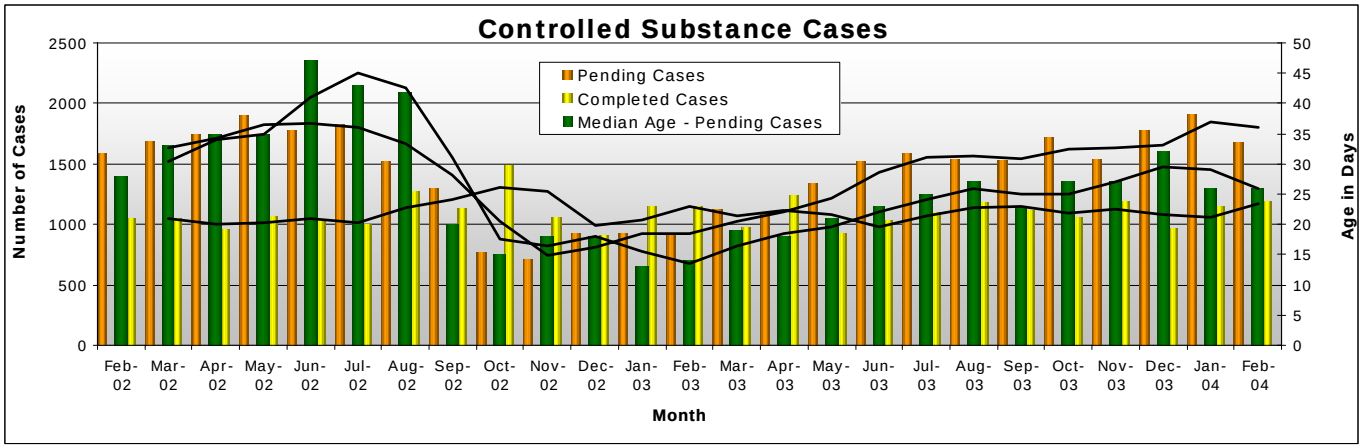


Table 2 shows the specific impacts of methamphetamine on both the Crime Laboratories and the State Toxicology Laboratory.

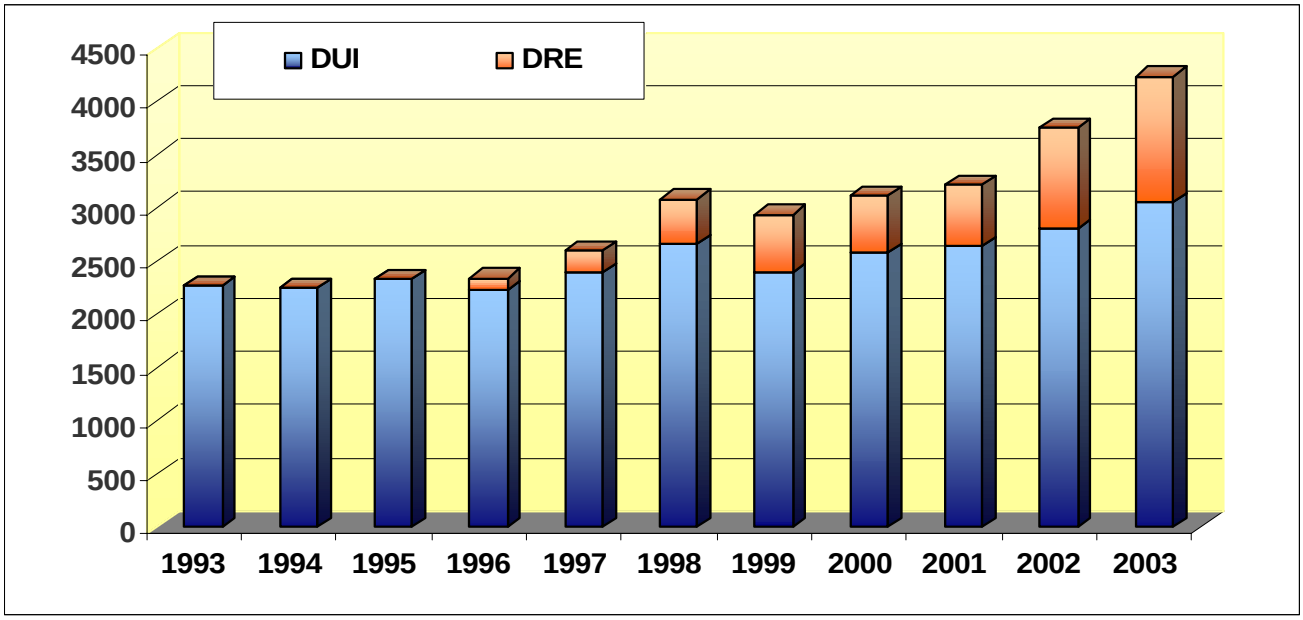
Table 2. Methamphetamine Activity Indicators

	Mar 2004	Feb 2004	Change	Change (%)	Mar 2004	Mar 2003	Change	Change (%)	2004 YTD	2003 YTD	Change	Change (%)	Last 12 months	Prior 12 months	Change	Change (%)
Deaths - meth involved	16	8	*8*	100.0	16	15	*1*	6.7	43	36	*7*	19.4	189	164	*25*	15.2
DUI - meth	46	18	*28*	155.6	46	32	*14*	43.8	99	91	*8*	8.8	407	289	*118*	40.8
Con Sub cases - meth positive	778	694	*84*	12.1	778	487	*291*	59.8	2203	1694	*509*	30.0	7688	6598	*1090*	16.5
Clan Labs received - WSP	1	6	*(5)*	(83.3)	1	3	*(2)*	0.0	11	6	*5*	83.3	32	23	*9*	39.1
Clan Labs received - Other Agencies	56	52	*4*	7.7	56	74	*(18)*	(24.3)	160	182	*(22)*	(12.1)	594	628	*(34)*	(5.4)
Total Clan Labs received	57	58	*(1)*	(1.7)	57	74	*(17)*	(23.0)	171	188	*(17)*	(9.0)	626	651	*(25)*	(3.8)
Clan Labs cases pending	70	40	*30*	75.0	70	53	*17*	32.1								

Increased emphasis on DUI enforcement over the last decade has been a further driver of increased workloads in the State Toxicology Laboratory. Generally toxicology casework is increasing at between 5% and 7% each year, as the level of professional death investigation improves, and as more attention is turned to the role of drugs and alcohol in vehicular assault and homicide cases. While the actual caseload has increased 61% over the last ten years, the proportion of DUI casework has increased from 42% in 1993 to 50% in 2003. The introduction of the Drug Recognition Expert (DRE) officer program in 1996 has improved the quality of investigation of drug impaired driving casework but has placed additional demands on the

Laboratory. Figure 2 shows the increases in drug impaired driver workload over the last ten years.

Figure 2. Impaired Driving Casework in the State Toxicology Laboratory.



This proposal also recommends that the second phase of the Vancouver crime laboratory be completed in the 2005-07 biennium as a capital budget priority.

Justification and Impact Statement

Reason for proposed enhancement
Caseload in both laboratories continues to escalate, increasing the time taken for reporting lab results in criminal cases, impacting other areas of service, and slowing the implementation of new technologies. The proposed enhancements will bring staffing back in balance with demand for service and provide more local services in Southwestern and Eastern Washington.

Impact on clients and services
The proposed staffing levels will bring backlogs in the chemistry section of the crime laboratory back to 25-30 days (median age pending), and ensure that the goal in toxicology of turnaround time of less than 10 days is brought back to 2000 levels. These levels of service are needed to ensure the state can meet speedy trial obligations, and ensure the timely issuance of death certificates.

Impact on other units of government
See impacts on clients and services, above.

Other alternatives explored
The laboratories cope with an increasing local demand for services over which they have no control, short of refusing to accept cases. The laboratories are understaffed according to per capita staffing levels in the adjoining states of Oregon and Idaho. If the laboratories begin to refuse cases, local

agencies will likely not prosecute those cases due to lack of alternative private laboratories. Additionally, local agencies have limited ability to pay for private services.

Future biennia budget impacts
These costs will carry forward to future biennia. The positions proposed are permanent. The current estimates include equipment costs which are recurring and although not biennial (having expected lifetimes of 3-8 years), but are adjusted to biennialized cost.

One time versus ongoing expenditures
N/A

Effect of non-funding
Backlogs will continue to increase to the point of failing to meet speedy trial deadlines, which will trigger yet more demands for trial to force the timelines on these cases. Drug possession and manufacturing cases will be subject to plea bargains increasingly unfavorable to the state. Law enforcement agencies will not pursue laboratory testing in drug cases, enhancing the perception that drug crimes are not serious. Further delays will result in the issuance of death certificates, resulting in delays to families in completing financial and securities transactions in estate settlements, and insurance claims.

Proposed Implementation Plan
Positions would be created upon funding, and recruitment from the Department of Personnel (DOP) register would begin in July 2005. Staff would be placed into Cheney and Vancouver facilities as they come online. WSP will hire six positions total in the first fiscal year and further two in the second year. Current salary limitations do not permit hiring of experienced forensic scientists, so staff are hired at the entry level position and thereafter complete a 6-8 month training program. During that time they begin to perform basic casework under supervision, and receive instruction in testifying. Scientists would complete their training in eighteen months and be fully productive by December 2005.

Performance Measures and anticipated outcomes

- Backlog in drug chemistry and clandestine drug laboratory casework would be less than one month's worth of incoming casework.
- Median age of pending drug chemistry and clandestine laboratory cases would be stabilized below twenty-five days, and maximum age of pending cases would be brought below 45 days.
- Backlogs in the related chemistry sub-discipline of arson investigation would be reduced to one month's worth of incoming cases, and maximum age of pending cases would be brought below 45 days.
- Toxicology casework turnaround time would be stabilized below 8 days (median).
- Toxicology Laboratory would achieve national accreditation (ABFT), and implement expanded drug screening technology.

This proposal was prepared at the request of the Governor's Council on Substance Abuse by:

Dr. Barry Logan, Forensic Laboratory Services Bureau, Washington State Patrol, (206) 202-6000, blogan@wsp.wa.gov

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APPENDIX C:
FETAL ALCOHOL SPECTRUM PREVENTION
FAS INTERAGENCY WORKGROUP

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

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Program: FAS Interagency Workgroup

Increase Statewide Fetal Alcohol Syndrome Disorder Capacity

1. There is a need in Washington State for a Fetal Alcohol Spectrum Disorder (FASD) website. This website will include information and resources in the prevention of FASD, as well as assisting those affected by FASD with resource information for support and services.
2. There is a need for a statewide FASD Coordinator. This position would coordinate services and information for FASD. The FASD Coordinator would also provide oversight of the FASD website.
3. Provide support to the five (5) statewide (non-University of Washington) Fetal Alcohol Syndrome Diagnostic and Prevention Networks (FASDPN) for clerical issues. Currently, one of the sites (Federal Way) is planning on closing in June 2004 due to not having funds available for clerical support. The clerical support is responsible for setting up appointments, gathering necessary data, and helping to make sure the clinic runs smoothly on diagnostic assessment days. This support is estimated at $20,000 per site. The medical staff involved with the clinics is on a voluntary basis.

Fiscal Detail	**FY06**	**FY07**	**Biennial Total**
Operating Expenditures	$230,000	$215,500	$445,500

Funding sources General Fund State

Description of existing program

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), also known as Fetal Alcohol Spectrum Disorders (FASD) (Streissguth and O'Malley), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder, are the leading known causes of mental retardation and are one hundred percent preventable. Each year, approximately 12,000 infants are born in the United States with FAS and FAE suffering irreversible life-long physical and mental damage. FAS and FAE are national problems that can impact any child, family, or community.

Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) represents a diverse spectrum of programs designed for individuals and families with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE). This network of educational, research, and clinical services responds to the legislative mandate to ensure coordination of identification, prevention, and intervention

programs for children who have fetal alcohol effects and for women at high risk of having children with fetal alcohol effects. DASA is the chair of this workgroup.

*Fetal Alcohol Syndrome Family Resource Institute (FAS*FRI)* established in 1990, is a grassroots non-profit organization of parents working together with professionals. FAS*FRI's mission is to identify, understand, and care for individuals with FAS and FAE and their families, and to prevent future generations from having to live with this disability. The momentum for establishing the Institute began with a need to preserve family relationships and keep the family unit intact. A key focus of the Institute is the education of professionals who are unable to recognize individuals with FAS and FAE on their caseloads or in their classrooms, even though they may be familiar with FAS and FAE research. Since 1990, FAS*FRI has worked to gather the "collective family experience" on FAS and FAE.

Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN) is a statewide network of six multidisciplinary clinical sites (located in Spokane, Yakima, Pullman, Federal Way, and Everett), with a core clinical/research/training site located at the Center on Human Development and Disability at the University of Washington (UW) in Seattle. Susan J. Astley, Ph.D., Associate Professor of Epidemiology, serves as the Director of the FAS DPN. The FAS DPN originated as a single FAS Clinic at the UW in 1993, and was sponsored by the Center for Disease Control and Prevention (CDC). Statewide demand for clinical services rapidly exceeded the capacity of the clinic. In 1995, through SSB 5688 and the private foundation support of the March of Dimes, the single clinic was expanded into a statewide network of clinics named the FAS DPN. Due to budgetary reasons (they do not have overhead funds for clerical duties), the Federal Way clinic will be closing in June 2004. These clinics receive no outside funding and the practitioners involved volunteer their time to the clinic.

Fetal Alcohol Syndrome Information Services – Iceberg Newsletter produces and distributes, at least 1,500 copies of the "ICEBERG" Newsletter quarterly. This newsletter provides information regarding FAS/E. Copies of the newsletter shall be distributed using the DASA Coordinators list and the Iceberg subscription list. Any remaining copies are distributed at conferences and agencies referring individuals for Fetal Alcohol Syndrome related services.

Justification and Impact Statement

Reason for proposed enhancement
These recommendations are made to better assist the citizens of Washington State in gathering knowledge, finding resources, and providing education regarding Fetal Alcohol Syndrome and related disorders. There is currently not one location within the state that one can go to access information and be linked to resources, support, and information. The goal is to disseminate information and resources to the general public, professionals, and families regarding FASD. Creating a website/portal page and having a statewide coordinator of FASD would bring all the agencies together. This would link all agencies involved in FASD in Washington State, as well as around the world. Other ideas that could be done in relation to the website include building a Listserv to share new ideas, best practices, and goals and accomplishments and publishing a simple brochure that identifies Washington State resources for FASD. This could be widely

distributed to stakeholders, professionals, families, and the general public, with a reference to the website.

This recommendation includes support of the local Fetal Alcohol Syndrome Diagnostic and Prevention Networks (FASDPN). There is currently no funding to the five (5) clinics statewide, which rely on volunteer services from physicians and other clinical personnel. The clerical support of these clinics is time consuming and is not funded. One clinic is planning on closing its doors (Federal Way) in June 2004 due to not being able to continue a voluntary system for the clerical needs of the site.

Impact on clients and services
With this website and state coordinator, individuals could easily access information regarding FASD and learn about resources that are available to them for education, support, and services.

If the current number of clinics remain open, more individuals will be able to access the diagnostic services. If clinics continue to close, the waitlists at the remaining sites will get longer.

Impact on other units of government
The website and state coordinator would help to link the agencies together that assist individuals with FASD and help educate other units of government about FASD.

With proper diagnosis of FAS, other government entities would benefit, especially within the school system.

Other alternatives explored
Continue with current resources, which are not linked effectively with each other.
Continue to let the clinics run on a voluntary basis and risk other clinics closing in the future

Future biennia budget impacts
Once a website or portal is developed, the maintenance of this site would be the only expense. A statewide coordinator would need to be funded into future biennia to provide continuity of administration. Continued funding of the clinics would need to be sustained into future biennia. Should other clinics open, there may be a need to fund additional clinics.

One time versus ongoing expenditures
If one time funding is authorized, this website would remain stagnant. Continued maintenance funding is essential for this website to be a viable resource.

One time funding of a position would only assist the statewide effort on a time-limited basis. This position needs to be ongoing.

One time funding for the 2005-2007 biennium would help in keeping current sites open and running another two years. Continued funding would keep the sites operating indefinitely.

Effect of non-funding
Citizens in the state of Washington will not have "one stop" resource on FASD.

More clinics may choose to close due to financial constraints. If more clinics close, the waitlists at the remaining clinics would increase.

Proposed Implementation Plan
DASA proposes that a Request for Proposal (RFP) be conducted for a webmaster to develop a website that would link all of the state and national resources on Fetal Alcohol Syndrome. Once a webmaster is identified, DASA would contract with this person/agency to develop the website. DASA would like to have the website developed within 12 months of contracting. Once the website is up and running, a listserv and brochure can be developed.

Recruitment of a statewide coordinator, with expertise in FASD, would need to be completed. This position would be in charge of the coordinating the website and listserv, as well as developing a statewide brochure on FASD.

Simply fund each site at $20,000 per year for clerical support.

Performance Measures and Anticipated Outcomes
It is anticipated that if a website and statewide FASD coordinator is developed and implemented, referral and resource information to the citizens of Washington State would be done in a coordinated and effective manner. If FASDPN clinics are funded for clerical support, it is anticipated that these clinics will remain open and serve those most in need.

Website "hits"
We could add a comments option to the webpage for feedback on the site
Phone calls to the statewide FASD coordinator
Numbers assessed at the various statewide FASDPN clinics

This proposal was prepared at the request of the Governor's Council on Substance Abuse (GCOSA) by:

Doug Allen, Division of Alcohol and Substance Abuse, Department of Social and Health Services, (360) 438-8060, allende@dshs.wa.gov

APPENDIX D:
RESIDENTIAL TREATMENT FOR PREGNANT AND PARENTING WOMEN AND THEIR CHILDREN

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

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Program: Increase Availability for Residential Chemical Dependency Treatment for Pregnant and Parenting Women and their Children

Recommendation Summary:

Increase Availability for Residential CD Treatment for Pregnant and Parenting Women and Their Children: There is need in Region Six (Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum Counties) for residential chemical dependency treatment services for pregnant and parenting women (PPW). DASA would request that one facility, serving sixteen (16) women and their children be opened in this region. The funding for this program would include therapeutic childcare for the children that are in treatment with their parent. The women from this region are currently required to go to treatment far from their home communities. The closest facilities are in Tacoma and Yakima. This would also reduce the wait lists for PPW services statewide. DASA is interested in purchasing the building in order to accelerate the process. The purchase of a facility is often the biggest barrier for providers in starting new programs. Once a facility is purchased, the facility could be leased through a contract with DASA to the provider.

Fiscal Detail

	FY 2006	**FY 2007**	**Total**
Operating Expenditures	$944,805	$944,805	$1,889,610

(This is the amount that DASA contracts for a 16 beds facility for women and 16 children in therapeutic childcare; the contract amount is currently $126.45 per day for the women in treatment and $49.60 per day for the children in therapeutic childcare)

	$1,500,000 to $2,000,000	FY 2006 only	

(This is the cost of a building to house the facility)

	$100,000	0	$100,000

(This includes capitalization of the facility; to include furniture, kitchen equipment, safety equipment, etc. in the amount of $60,000 and $40,000 for Department of Health construction review related costs)

	$4,288	$4,288	$8,576

(Department of Health Licensing of the beds in the facility: 32 beds at $134 each, per year)

	$4,800	$4,800	$9,600

(Building insurance, includes vehicles)

Staffing (FTEs)	N/A	N/A	N/A

(The provider would provide staffing)

Revenue Detail (if known) This could be a Medicaid match facility, so approximately 50 percent of the treatment and therapeutic childcare costs could be covered my Medicaid.

Funding sources Medicaid and General Fund State

Description of existing program
Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), also known as Fetal Alcohol Spectrum Disorders (FASD) (Streissguth and O'Malley), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder, are the leading known causes of mental retardation and are one hundred percent preventable. Each year, approximately 12,000 infants are born in the United States with FAS and FAE suffering irreversible life-long physical and mental damage. FAS and FAE are national problems that can impact any child, family, or community.

Pregnant and Parenting Women (PPW) are a priority population for publicly funded chemical dependency treatment in Washington State. Chemical dependency treatment provides services necessary to stabilize, support and enhance the opportunity for a woman to maintain abstinence through her understanding and acceptance of the disease of chemical dependency, and by addressing her unique needs, including parenting skills, and overall physical and emotional health.

PPW residential programs serve chemically dependent pregnant and parenting women and their children in long-term treatment settings. The goal of Pregnant and Parenting Women (PPW) programs is to reduce the number of drug-affected infant births and promote safe and healthy families. Some of these programs provide access and referral to specialized PPW residential treatment with therapeutic childcare and housing support services for women and children. They offer a number of enhancements, including the availability of therapeutic childcare for children of clients. One or more of a client's children can participate in therapeutic childcare during the time they receive outpatient treatment or they can remain in residence while a client is receiving residential treatment. DASA has 147 residential beds contracted for PPW clients statewide. There are waiting lists for these beds on an on-going basis.

Hospital-based chemical dependency treatment: These are in-hospital detoxification and chemical dependency treatment programs for pregnant women, often referred to as Chemical Using Pregnant (CUP) programs. The primary focus is to stabilize the fetus. Women may remain in hospital treatment for up to 26 days. Medical Assistance Administration works with six (6) CUP hospital programs, all of which are on the west side of the mountains.

Non-hospital based/non-specialized inpatient and outpatient chemical dependency treatment programs: Inpatient (both intensive and long term residential) is offered on a statewide basis. Outpatient services are offered in every county.

The Parent-Child Assistance Program (P-CAP) provides advocacy services which shall include, but are not limited to, the following: 1) identification and prioritization of realistic goals, initiation of necessary steps, evaluation of progress toward these goals; 2) referral and support for substance abuse treatment and recovery; 3) referral and support for utilization of local resources including family planning, safe housing, health care, domestic violence services, parenting skills, child welfare, child care, transportation, and legal services; 4) provision of funds for food, unmet health needs, other necessities, and incentives as needed; 5) protection of the children in the family in terms of optimal health care (including referral for immunizations) and appropriate therapeutic interventions; and 6) timely advocate response based on clients' needs. This program is available in King, Pierce, Spokane, and Yakima Counties.

Safe Babies, Safe Moms (SBSM) provides a comprehensive range of services, with a goal of reducing alcohol and/or drug affected babies, stabilizing women and their young children, identifying and providing necessary interventions, and assisting women in gaining self-confidence as they transition from public assistance to self-sufficiency. These services include: specialized Targeted Intensive Case Management (TICM) that provides referral, support, and advocacy for substance abuse treatment, and continuing care; long-term residential treatment that provides a positive recovery environment with structured clinical services; and housing support services for women and children, who stay of up to 18 months in a transitional house. This program is available in Benton-Franklin, Snohomish, and Whatcom (partial program) Counties.

Justification and Impact Statement

Reason for proposed enhancement
Pregnant and parenting women (PPW), who live in Region Six, are currently required to leave their home communities to pursue residential treatment services. These women are often placed on waiting lists in programs as far away as Spokane. DASA proposes buying a building in order to make this enhancement more realistic. The purchase of a facility is often the largest barrier for a provider that has an interest in providing chemical dependency treatment services. Without the assistance to the providers of DASA purchasing the building, increasing capacity may be difficult.

Impact on clients and services
If another PPW residential chemical dependency facility were to open in Washington State, the impact on the clients is significant. There would be fewer women waiting to enter residential treatment and the entire state would benefit from this resource. The women would be able to receive treatment services in communities closer to home, facilitating visitation with children that are not placed with the client into treatment, and facilitate better coordination of care with the various providers that may be involved with the client (Child Protective Services, mental health, community resources).

Impact on other units of government
Additional PPW residential beds will have an impact on the reduction of alcohol and/or drug affected babies in Washington State. The sooner a chemically dependent pregnant woman can access treatment services, the better the chances are of having a healthy child. If the rate of alcohol and/or drug affected babies in Washington State decreased, the medical, psychological, and social costs of these children would drastically decrease.

Other alternatives explored
Currently, women from Region Six are being served in other regions in Washington State. The closest programs for these women are in Yakima and Tacoma. If a program is opened in Region Six, these beds would be available to women statewide and can help to alleviate the waitlist problem, as well as better serve those women in Region 6.

Future biennia budget impacts
DASA would be able to make this a Medicaid match facility. Biennial funding, as well as continued funding of this facility would need to be assured in order to proceed with this decision package.

One time versus ongoing expenditures
If the state decides to go to the expense of starting a residential program from the ground up, it would be cost effective to continue this service ongoing. The greatest expense is the upfront cost of opening such a facility. This is also a time consuming process, and can take up to one year.

Effect of non-funding
Women from Region Six will continue to travel to other parts of the state for their specialized PPW inpatient treatment needs. Waitlists for treatment services will continue for this priority population.

Proposed Implementation Plan
DASA proposes that an RFP be conducted in Region Six for a PPW residential chemical dependency facility. DASA wants to look at buying the building or building a new facility in order to accelerate this process. Once the facility is purchased, DASA would then contract for a lease and treatment services. Once a provider is identified, the program would need to be developed, certified, and licensed.

Performance Measures and Anticipated Outcomes

It is expected that women from Region Six would be able to access treatment closer to their home communities and better facilitate visitation with children that are not placed with the client into treatment, and facilitate better coordination of care with the various providers that may be involved with the client (Child Protective Services, mental health, community resources). Another pregnant and parenting women's facility in Washington State would also reduce the waitlist for PPW residential treatment services statewide.

TARGET
Research through RDA

This proposal was prepared at the request of the Governor's Council on Substance Abuse (GCOSA) by:

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Appendix E:
Adolescent Chemical Dependency Residential Treatment Services for Youth with Co-Occurring Disorders

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal

Program: **Adolescent Chemical Dependency Residential Treatment Services for Youth with Co-Occurring Disorders**

Recommendation Summary:
Reduce waiting lists and waiting time for admission of eligible youth who meet medical necessity, have significant mental health issues, and critical chemical dependency treatment needs by providing expanded chemical dependency treatment capacity; and
Reduce barriers to procuring adequate facilities for treatment expansion by providing funding to build a state of the art facility for up to 48 treatment beds, and to provide funding for contracted capacity for 48 beds for one year, and operating expenses for one year of operation of the new facility. The facility will provide safe, effective services to these youth, while meting all licensing, certification, and Federal Medicaid eligibility requirements in order to match State General funds.

Fiscal Detail

	FY 2006	FY 2007	Total
Operating Expenditures	____	$2,940,000	$2,940,000
Costs for land, design, permits, fees, construction and site improvements	$9,000,000	____	$9,000,000
Staffing (FTEs)	_____	_____	_____
Revenue Detail (if known)*	_____	$1,470,000	$1,470,000

*This revenue detail presumes that in FY 07: DASA will contract for 32 Level II beds at $2.47; and DASA contracted Recovery House Level II beds at $.35. It also assumes 90% occupancy. Revenue includes School District per diem reimbursement for school program ($.075, and OSPI School Breakfast reimbursement ($.045).

Funding sources - State funds for capitol development in FY 2006; state funds for operating expenses in FY 2007 and state funds with Medicaid match on eligible youth for treatment services for FY 2007.

Description of existing program
For the current 2003 – 2005 biennium, The Division of Alcohol and Substance Abuse (DASA) has a contracted capacity for 175 youth residential treatment beds throughout the state. The beds are contracted at a number of levels to respond to clinical severity, and at differing rates, which include addressing the needs of youth with co-occurring mental health and behavior problems, security and supervision needs, and recovery house services for youth who have completed intensive inpatient treatment and require additional recovery care in a residential setting. Total contracted funding for youth residential treatment for the 2003 – 2005 biennium is $19,000,000. Residential treatment services have been expanded in a limited manner through the access of Federal Medicaid match funding at residential facilities that comply with the Medicaid rules regarding facility size and design. State funding for youth residential treatment remained at the same level for this biennium as for the previous 2001 – 2003 biennium. The number of recovery house beds for youth is woefully inadequate to provide post intensive treatment recovery environments for youth needing more treatment support, and for those youth who cannot return home due to parental drug and alcohol use, parenting difficulties, abandonment, etc. The number of current recovery house beds for youth for the entire state is 40.

Justification and Impact Statement

Reason for proposed enhancement
To increase the number of youth residential treatment beds by developing a program and building a facility to meet program needs, and funding the operating and treatment costs for this facility for one year. The number of youth waiting for critically needed residential treatment services continues to be a critical problem. Current contracted capacity for youth residential treatment is insufficient to address the demand and need for treatment. DASA has tracked the waiting lists for youth residential treatment at all contracted treatment levels over the last 2 fiscal years (July 2002 – March 2004). The total number of youth as of March 31, 2004, who have been referred to treatment programs and placed on waiting lists is approximately 150. This does not include many families of youth who did not place their child on a waiting list due to the length of time necessary to find an admission date for treatment. The average length of time to wait for a state-funded treatment bed is 4 to 6 weeks. The clinical and therapeutic window of opportunity to respond to severe symptomology of chemical dependency, youth at risk of self harm, running away, criminal acts, etc. is severely compromised with waiting periods this long. Many youth will not access treatment and end up in street shelters, on the streets, in detention, psychiatric hospitals, and in some cases, may not survive their untreated addiction.

The proposal provides a continuum of care of treatment services. The 48 total beds include 32 Level II Secure beds (16 Diagnostic/Stabilization beds and 16 Intensive Treatment beds), and 16 Recovery House Level II beds. For Medicaid match eligibility requirements, as well as best practice clinical needs, these three modalities will be separate and distinct for purposes of residential sleeping quarters, program services, staffing, and cost centers. Level II Secure beds are designed for youth experiencing co-occurring disorders, which act as barriers to access, engagement, retention, and successful treatment completion. Recovery House Level II beds are designed to provide an intensive, safe and structured recovery environment for youth completing intensive Level II Secure inpatient treatment, and who do not have adequate home placements.

Reduce barriers to expanding capacity by building a facility that meets clinical, financial, community placement, and licensing requirements: Finding contracted providers who are able to secure buildings that are able to be licensed, counter "not in my backyard" issues, remodeling, upgrades, Department of Health, and fire marshal approval and licensing requirements, etc., is a huge barrier to expanding capacity. It is often less expensive to design and build a suitable facility than it is find and extensively remodel an existing facility. DASA's experience in recently opening two youth facilities has resulted in up to one year of building and licensing efforts, which delays bringing new treatment beds on line. This is often due to the age of the facilities, which programs are forced to deal with, and the needed health and safety upgrades which are very costly. In order to utilize Medicaid match dollars to expand State funds, facilities must meet the 16 bed or less facility and program requirements for Medicaid programs. In the proposed 48 bed facility, this requires three distinct residential and program services divisions. It also requires separate staffing assignments. Current contracted youth providers may have available capacity per DOH above what DASA contracts for, but due to difficulties with the rates that the state pays, these available beds are used for higher rate private pay clients. These providers have not been interested in contracting for more beds at current reimbursement rates.

Impact on clients and services

Expanded Inpatient and Recovery House capacity will reduce number of youth and families on waiting lists, and reduce the wait time for treatment admission for those in critical need. Additional beds will reduce dropouts from those waiting for services. Additional capacity will reduces barriers to engagement and retention by reacting sooner to immediate crisis. Increased recovery house beds will assist youth who might return to unsupportive and abusive home environments, and increase chance for longer-term recovery and improved living situation. Will assist in improving treatment completion and subsequent recovery rates. Reduces need for other state funded services including expensive psychiatric hospitalization, juvenile justice institutional costs, and reduced criminal activity, better school performance, improved family life, and increased chance for youth to become employed and less dependent upon state resources. Assuming an average length of stay of 45 days, program at full occupancy would serve approximately 390 of youth who are indigent, low-income, and in most critical clinical need of intensive treatment services.

Impact on other units of government

Increased capacity will respond to referrals of youth at risk from other DSHS systems, including Division of Child and Family Services (DCFS) Becca, at-risk youth, mental health at-risk youth,

juvenile justice referrals, and school based referrals. This may result in lower costs to these other systems due to responding to primary chemical dependency and mental health issues as a primary issue in a program and facility designed for this purpose.

Other alternatives explored
Youth being served at a less intensive level of care, for example outpatient, are often unsuccessful. These youth drop out of treatment and may end up in more costly systems of care. Trying to expand capacity by trying to get treatment providers to find and upgrade their own facilities is risky, costly, time consuming, and often not possible in the current economic climate. Building a facility which will be owned by the State and leased to a contracted provider will get critically needed treatment services on line in a much shorter period of time.

Future biennia budget impacts
Once the building is constructed and completed; DASA/DSHS will lease/rent the facility to a contracted provider that meets all requirements for being a Level II Secure treatment provider. This cost would be very minimal (For example, $1.00/year). Future costs would assume funding for 32 Level II Secure treatment beds at $188.68/day, and 16 Recovery House Level II beds at $128.40/day. Approximate future cost per biennium for treatment services: $5.9 million. This includes Federal Medicaid match for as much as $2.6 million of the estimated $5.9 million. Note: daily bed rates are at FY2004 levels. Due to reduced facility costs for providers leasing this building, contracted rates for services provided in this proposed state-owned facility may reflect a differential reduction compared to rates contracted with privately owned facilities.

One time versus ongoing expenditures
FY 2005 costs for land, construction for permitting and securing of property, and constructing the building are one-time-only costs. FY 2006 operating costs are one-time-only for first year program development and implementation. FY 2006 contract for 48 treatment beds would be on going.

Effects of non-funding
The clinical and therapeutic window of opportunity to respond to the severe symptoms of chemical dependency, youth experiencing risk of self harm, running away, and criminal acts is severely compromised with long waiting periods for critical, medically necessary treatment services. Many youth will not access treatment and may end up in crisis residential programs, shelters, on the streets, in detention, psychiatric hospitals, and in some cases, may not survive their untreated addiction.

The number of youth on waiting lists needing critical treatment services will increase.

DASA will continue to experience difficulty in procuring providers to develop, purchase, lease, and remodel and upgrade facilities to contract for expanded youth residential treatment capacity. In order to obtain Medicaid match funding, the Medicaid Institution for the Mentally Disabled (IMD) exclusion requires separate and distinct sleeping areas, program service areas, staffing, and cost centers.

Proposed Implementation Plan
FY 2006: secure land, permits, architectural design, site development, and construction of a 48-bed building.
FY 2007: Contract for 48 treatment beds, provide for operating costs for implementation of program.

Performance Measures and anticipated outcomes
DASA expected outcomes would include closing the gap between treatment need and provision of services. DASA will require contracted treatment service provider to document treatment completion, engagement, and retention measures and quality improvements to affect these measures. DASA will also document reductions in waiting lists for youth with critical treatment needs. Using the DASA MIS TARGET system, demographic data and level of clinical need will be documented, as well as reductions in criminal activity and arrests, drug and alcohol use, use of psychiatric hospitalization, and other medical services, improvements in school, home, and emotional functioning. DASA will also document cost savings, reductions in length of time to get expanded treatment beds on-line for actual admissions of youth in critical need on waiting lists.

This proposal was prepared at the request of the Governor's Council on Substance Abuse by*:*

Doug Allen, Acting Director, Division of Alcohol and Substance Abuse, Department of Social and Health Services, 360-438-8060, allende@dshs.wa.gov

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Appendix F
Criminal Justice Treatment Services

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

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Program: Criminal Justice Treatment Services

Recommendation Summary

The recommendation is to expand substance abuse treatment for offenders. The goal would be to serve up to 10% of those offenders who need substance abuse treatment. The Division of Alcohol and Substance Abuse (DASA) current serves 25% of non-offenders people who that need substance abuse treatment.

There are approximately 70,000 offenders per year in need of treatment. Although the Legislature appropriated additional funds, known as the Criminal Justice Treatment Account (CJTA), to treat offenders in July 2003, these funds are only able to serve about 4% or 3,000 of those offenders per year that are in need of substance abuse treatment. DASA would propose serving up to 10% of the offenders who need substance abuse treatment. DASA proposes to increase the number of offenders served from 4% to 7.5% in FY 06 and from 7.5% to 10% in FY 07.

	# Of Offenders to be Served			
	CJTA	7.50%	10%	Total
FY 2006	3000	2250		5250
FY 2007	3000	2250	1750	7000

Fiscal Detail
The average cost of substance abuse treatment for offenders is $3,500. In order to serve an additional 4,000 offenders DASA requests the following:

	FY 2006	FY 2007	Total
Operating Expenditures (treatment services at $3,500 per offender for additional offenders)	**$7,875,000**	**$14,000,000**	**$21,875,000**
Staffing (FTEs)	**1**	**1**	**1**

Description of existing program
DASA contracts with county and tribal government for the development of locally managed substance abuse treatment services. For offenders the services include the following:

1. Crisis Services
2. Detoxification Services
3. Outpatient Treatment, General
4. Opiate Substitution Treatment
5. Transportation
6. Case Management, General
7. Child Care Services
8. Intensive Inpatient
9. Long Term Care
10. Recovery House
11. Involuntary Residential Treatment Services
12. Screening Tests (Urine analysis screen/breathalyzer testing). Limited to no more than eight tests per month for each client.

Justification and Impact Statement

Reason for proposed enhancement
Research conducted by the Washington State Institute for Public Policy, documents the cost benefits to the taxpayers is $2.45 of savings of every dollar spent on treatment services for offenders under court supervision in programs such as drug courts[33].

In the 2003, the Legislature created the Criminal Justice Treatment Account (CJTA) and provided $4.475 million per year to serve offenders. This amount will serve approximately 1,500 individuals. On July 1, 2005, CJTA will increase to $8.25 million per year. With this increase, CJTA will only serve 3,000 offenders. Based on the Washington State Administrators of the Courts database, approximately 175,000 individuals are arrested on non-traffic misdemeanor and felony charges each year. Of this, 40% or 70,000 are in need of substance abuse treatment services.

Impact on clients and services and effect of non-funding

Without adequate funding for treatment these offenders will be prosecuted and receive prison sentences. The offenders will enter into the more expensive prison system where the annual cost to serve in prison is $26,000**.**

[33]Does Drug Treatment Work? Washington State Institute for Public Policy. URL located at: http://www.wsipp.wa.gov

Impact on other units of government

With additional funds to treat offenders, DASA would contract with counties and tribes to provide substance abuse treatment services. The success of treating offenders is based on combining substance abuse treatment services with court supervision in models such as drug courts.[34] Counties and tribes would need to modify their court system to provide supervision of these offenders while they are in treatment.

Other alternatives explored

The alternative would be to confine the offenders in either county or tribal jails or prisons. With the current overcrowding of the jail/prison system, additional jails and prisons would need to be built.

Future biennia budget impacts

These additional funds would need to continue as an ongoing expense in order to serve other offenders.

Proposed Implementation Plan

DASA would incorporate additional funds into the biennial planning process conducted with each county and federally recognized tribes to expand the development of substance abuse treatment services for offenders. In addition, DASA would work with counties, tribes, and the treatment provider community to develop additional capacity for the following:

- Additional residential capacity
- Specialized treatment services for methadone clients

Performance Measures and anticipated outcomes

- Reduction in illegal drug use as measured by standardized pre and post test instruments
- Reduction in alcohol use as measured by standardized pre and post test instruments
- Increase completion of treatment by offenders as measured by studying data contained in the DASA data system known as TARGET.
- Decrease in crimes as measured by studying arrest data contained in the Administrators of the Courts data system.

[34] Resource Guide for Drug Courts, U.S. Department of Justice, 2004. URL at http://www.ojp.usdoj/BJA

ELIGIBLE SERVICES

DEPARTMENT PROGRAM ADMINISTRATION

Costs incurred in supporting substance abuse and chemical dependency treatment services administration within a human services or similar county/tribal department, or alcohol and drug coordinator's office, for a program related operation. This includes such activities as program planning, budgeting and evaluation, plan implementation, program coordination, contract monitoring, and all direct administrative support activities. Also includes support services normally identified with department program administration. This would include services provided by the county/tribal auditor, treasurer, prosecutor, purchasing department, personnel, etc., which have been either billed or allocated per a cost allocation plan.

CRISIS SERVICES

Costs incurred to provide emergency interventions, such as overdose management, alcohol or drug related family crisis, or assistance to intoxicated or incapacitated clients in the streets or other public places. Services include any of the following activities on a very short-term basis: general assessment of the client's condition, an interview for diagnostic or therapeutic purposes, and transportation home or to an approved treatment facility. Services may be provided by telephone or in person, in a facility or in the field, and may or may not lead to ongoing treatment. Crisis Services does not include the costs of ongoing therapeutic services.

DETOXIFICATION (DETOX) SERVICES

Costs incurred for care and treatment of patients while the patient recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Examples of detox are:

- Acute detox: A method of withdrawing a patient from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the patient's withdrawal.
- Sub-acute detox: A method of withdrawing a patient from alcohol or other drugs utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of withdrawal from alcohol or other drugs.

OUTPATIENT TREATMENT SERVICES

Costs incurred for services that provide non-domiciliary/non-residential chemical dependency assessments and treatment to patients. Includes services to family and significant others of persons in treatment. This does not include services to family or significant others of a person not currently in treatment. These expenses should be coded as family support services. Outpatient treatment services must meet the criteria in the specific modality provisions set forth in WAC 388-805.

OPIATE SUBSTITUTION TREATMENT SERVICES

Costs incurred in providing assessment and treatment services to opiate dependent clients. Services include prescribing and dispensing of methadone or other DASA approved substitute drugs in opiate substitution services approved in accordance with WAC 388-805 or its successor. Both detoxification and maintenance are included, as well as physical exams, clinical evaluations, individual or group therapy for the primary client and his/her family or significant others, guidance counseling, and educational and vocational information.

CASE MANAGEMENT - GENERAL

Costs incurred for case finding, case planning, case consultation, and referral services for the purpose of linking clients to assessment and treatment or maintaining clients in treatment and other support services. This does not include direct treatment services in this sub-element.

INTENSIVE INPATIENT RESIDENTIAL TREATMENT SERVICES

Costs incurred for a concentrated program of chemical dependency treatment, individual and group counseling, education, and related activities for alcoholics and addicts, including room and board in a 24-hour-a-day supervised facility in accordance with WAC 388-805 or its successor.

LONG-TERM CARE RESIDENTIAL TREATMENT SERVICES

Costs incurred for the care and treatment of chronically impaired alcoholics and addicts with impaired self-maintenance capabilities, including personal care services and a concentrated program of chemical dependency treatment, individual and group counseling, education, vocational guidance counseling, and related activities for alcoholics and addicts, including room and board in a 24-hour-a-day supervised facility in accordance with WAC 388-805 or its successor.

RECOVERY HOUSE RESIDENTIAL TREATMENT SERVICES

Costs incurred for a program of care and treatment with social, vocational, and recreational activities designed to aid alcoholics and addicts in the adjustment to abstinence and to aid in job training, re-entry to employment, or other types of community activities, including room and board in a 24-hour-a-day supervised facility in accordance with WAC 388-805 or its successor.

INVOLUNTARY RESIDENTIAL TREATMENT SERVICES

Costs incurred for a program of care and treatment of alcoholics and addicts who are involuntarily committed to chemical dependency treatment under the provisions of RCW 70.96A and individuals who meet these commitment criteria but who are best served by voluntarily agreeing to treatment in lieu of commitment. Treatment services provided shall enhance and promote physical, emotional, and spiritual restoration of each client.

TRANSPORTATION

Costs incurred for services employed to transport clients to and from chemical dependency treatment programs.

CHILDCARE SERVICES

Costs incurred to provide childcare services for children of clients in treatment when needed to complete the parent's plan for chemical dependency treatment services. Childcare services must be provided by licensed childcare providers or by providers operating in accordance with the provisions set forth in WAC 388-805-900 through 935.

SCREENING TESTS

Costs incurred to provide screening tests for the use of drugs or alcohol through testing processes, such as urinalysis or breathalyzers. There is a maximum limit of two tests per week for any individual.

Appendix G:
School-Based Prevention and Intervention Services

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2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Revenue Enhancement Package Proposal

This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal

Program: Substance Abuse Awareness: Prevention and Intervention Services Program

Recommendation Summary:
This proposal requests an additional $4.2 million in the 2005-07 biennium to extend the services of the Substance Abuse Awareness: Prevention/Intervention Services program to all middle/junior high and high schools and secondary alternative schools in the State. Drug-impaired students show diminished academic performance, poor attendance, and are frequently disruptive to the educational environment. Students who use substances are more likely to carry a weapon to school than those who do not, and are at increased risk of later engaging in violent behavior. Evaluation studies indicate that students who receive direct services from this program demonstrate reduced substance abuse, improved attendance, and improved academic standing. All of the increased funding will be allocated to provide direct prevention/intervention services to grantees, with no expansion in agency administrative support. The basis for the allocation will be a combination of objective regional need criteria and student enrollment. This additional funding will allow for services to approximately 20,000 secondary students statewide. The expanded services provided by this program will begin in September 2005.
The Substance Abuse Awareness: Prevention / Intervention Services Program, operated by the Office of Superintendent of Public Instruction (OSPI) is currently operated with a mix of local, state, and federal (e.g., Title IV Part A: Safe and Drug Free Schools and Communities, CSAP Federal Block Grant and Tobacco Settlement) funds, which place prevention/intervention specialists in schools to implement comprehensive student assistance programs and provide direct services to students that address problems associated with substance use, violence and other risk-related behaviors.

Fiscal Detail:

Operating Expenditures	**FY 2006**	**FY 2007**	**Total**
Prevention/Intervention Services Program	$2,129,587	$2,129,587	$4,259,175
Total Cost	**$2,129,587**	**$2,129,587**	**$4,259,175**

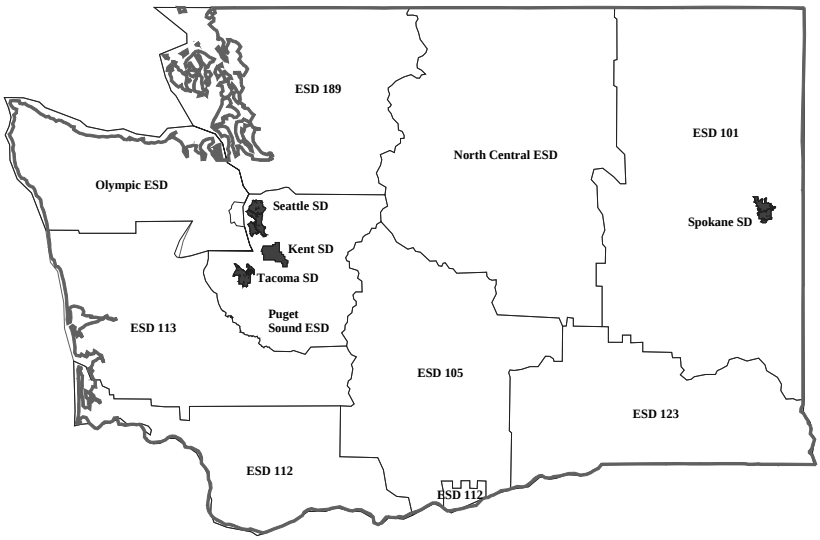
Object Detail	FY 2006	FY 2007	Total
Staffing (Salary and Wages)			$ 0
Employee Benefits			0
Contracts			0
Supplies and Materials			0
Travel			0
Capital Outlay			0
Grants	$2,129,587	$2,129,587	$4,259,175
Interagency Reimbursement			0
Total Objects	**$2,129,587**	**$2,129,587**	**$4,259,175**

Description of Existing Program:

In 1989 the Washington State Legislature passed the Omnibus Alcohol and Controlled Substances Act that authorized state agencies to conduct a variety of programs that address the public's concern about the level and consequences of alcohol, tobacco, and other drug use. The Prevention and Intervention Services Program, operated by the Office of Superintendent of Public Instruction places prevention/intervention specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and violence. As stated in the act (ESSHB 1793, Subpart B, Section 310, Paragraph 2), prevention/intervention specialists are to (a) provide early alcohol and other drug prevention and intervention services to students and their families, (b) assist in referrals to treatment providers, and (c) strengthen the transition back to school for students who have had problems of alcohol and other drug abuse.

Annually, current funds are distributed to 13 local grantees—including the four largest school districts (Seattle, Tacoma, Spokane, and Kent) and nine consortia—covering virtually each region of the state. Funding allocations are based on a formula that accounts for both the school enrollment and the estimated need for services of each region.

Direct services provided to students in the Prevention/Intervention Services Program include universal prevention activities that typically target intact classrooms or the entire school and emphasize implementation of research-based curriculum. Intervention strategies provided involve the identification of students who are: (a) at risk of initiating substance use or antisocial behavior, (b) coping with the substance use of significant others, (c) using tobacco, alcohol, or other drugs, or (d) developing a dependence on drugs. An array of



counseling, peer support groups, social skills training, and individual and family interventions are used to address the particular needs of each student. When the severity of substance use requires services that cannot be provided in the school setting, students are referred to community services such as chemical dependency treatment.

Justification and Impact Statement:

OSPI's Prevention/Intervention Services Program was initially authorized in 1989 as part of the Omnibus Drug Act and is codified as Chapter 28A.170 RCW. The purpose of the program is to provide funding to hire prevention/intervention specialists who provide direct services in school buildings to students. However, this program has seen a reduction in available funds since its inception in 1989, when approximately $4.9 million was made available for grants. Funding actually increased in 1991, to approximately $5.1 million, but has since declined to $4.8 million. Further, because the vast majority of grant funds are used for personnel costs, the program is particularly sensitive to the effects of inflation. Consequently, the program has seen a reduction of approximately 25 percent in its buying power. The end result is that fewer prevention/intervention specialists can be hired, and fewer students can be served directly.

According to the Washington State Healthy Youth Survey, youth substance abuse has remained consistently high over the past five years. The data continues to show particularly disturbing trends among children of middle school age, with whom recent marijuana use has more than doubled since 1992. Survey data also indicate that youth that use substances are more likely to carry a weapon to school than those that do not. Student substance abuse has a significant negative impact on student achievement and school climate. Drug-impaired students show diminished school success, are often truant, and are frequently disruptive in class and among peers. Recent research also indicates that early first use of tobacco, alcohol, or other drugs is predictive of later violent behavior.

The Prevention/Intervention Services Program is designed to teach students skills to avoid use of harmful substances, and to intervene when students begin to experiment with substances or experience negative consequences related to their use. Prevention/Intervention Specialists may provide services to students in Grades K-12, but the majority of services are provided to middle and high school students, where need for intervention is most acute. A wide range of direct services are provided, including screening and referral, peer support groups, case management, support for students returning from treatment, family contacts/education, and other counseling services. Prevention/Intervention Specialists also provide more general services, such as classroom presentations, staff in-service training, community forums and agency liaison work.

An ongoing, formal evaluation of the Prevention/Intervention Services program from 1994 to date indicates that program participants demonstrate reduced substance abuse, improved attendance, and improved school success. Participants also report increases in factors that function to protect them from problem behavior. Research indicates that as these "protective factors" increase, so does the likelihood of academic achievement. Further, research demonstrates that increases in protective factors function to reduce the likelihood of youth problem behavior, including substance abuse, violence, school dropout, and delinquency.

The Prevention/Intervention Services Program currently provides direct services to more than 22,000 students in approximately 600 buildings statewide, including an estimated 400 secondary buildings. Approximately 40 (10%) of these secondary buildings receive inadequate services.

Approximately 400 secondary buildings receive no direct services from the Prevention/Intervention Services program. The annual cost per building served is estimated at $4,840.00.

Estimated Unmet Need:	440 secondary buildings
Annual Cost per Building served:	$4,840.00
Biennium Enhancement Request:	$4,259,175.00

The proposed funding increase will result in approximately 20,000 additional secondary students receiving direct services. Because the program has an existing, well-established administrative and program management infrastructure, 100% of the funding increase will be used to augment grants, and will continue to be allocated throughout the state using the existing funding plan.

Proposed Implementation Plan:

The intent of this request is to provide a minimum level of services to each secondary school (middle/junior high school, high school, secondary alternative school) in the state, where the need for prevention/intervention services is most acute. Currently, approximately 440 secondary buildings receive minimal or no direct services from this program. With current grant expenditures estimated at approximately $4,840 per building, an additional $2,129,587 per year is required to meet this need. All of this requested enhancement will be added to the existing available grant funds and allocated using the funding plan described above so that the 13 grantees may expand their capacity to provide direct prevention/intervention program services. In addition, it should be noted that grantees are required to provide 20 percent of the funding locally as a match for this program. As a result, the additional $4.2 million will mobilize with an additional $840,000 in local matching funds.

Performance Measures and Anticipated Outcomes:

Approximately 20,000 additional students will be served statewide in the Prevention/Intervention Services program if these additional funds are received. Demonstrated outcomes for those students receiving direct services include reduced substance abuse, increased attendance, and improved academic standing.

Prevention and intervention strategies are intended to (a) promote the skills and attitudes necessary to resist pressures to use alcohol, tobacco, and other drugs, (b) help students avoid antisocial behavior that may disrupt learning, (c) encourage students to reduce the substance use for which they were referred, and (d) remove barriers to school success. The findings of an independent statewide evaluation conducted from 1994 to date suggest that the program has consistently resulted in positive outcomes in each of the following participant areas: skills and attitudes; antisocial behavior; **s**ubstance use and school/academic success.

Performance Measure Detail:

Outcome Measures	FY 2006	FY 2007
1. Program participants will show a reduction in tobacco, alcohol and marijuana use.	20%	20%
2. Improve relative attendance of students with full participation	40% fewer days absent	40% fewer days absent
3. Improve participant achievement compared to non-participants	25% better GPA	25% better GPA

Output Measures	FY 2005	FY 2006
1. Additional number of students served	20,000	20,000
2. Additional number of secondary buildings served	440	440
3.Total number of students served yearly if proposed enhancements are received	42,000	42,000

This proposal was prepared at the request of the Governor's Council on Substance Abuse by:

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Appendix H:

Statewide Budget Expenditure Summary for Alcohol,

Tobacco and Other Drug Related Programs

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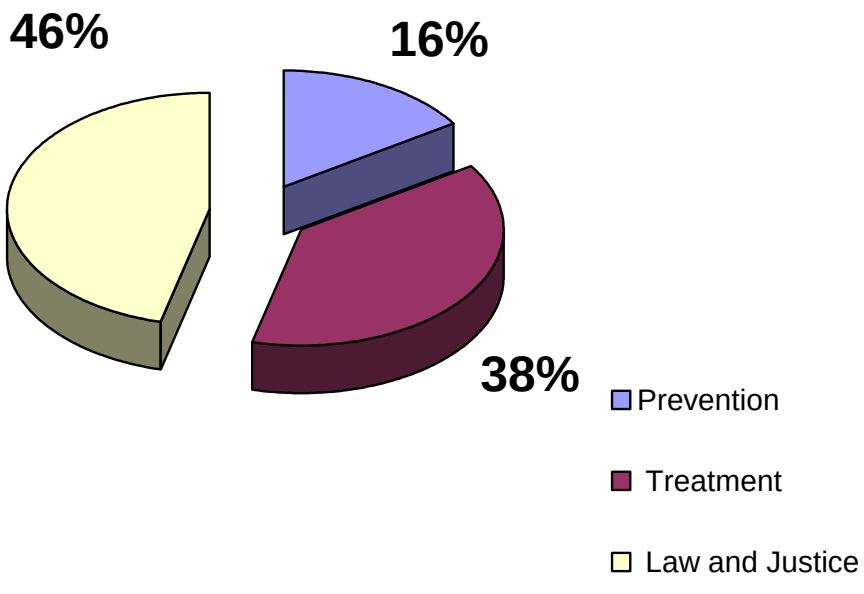
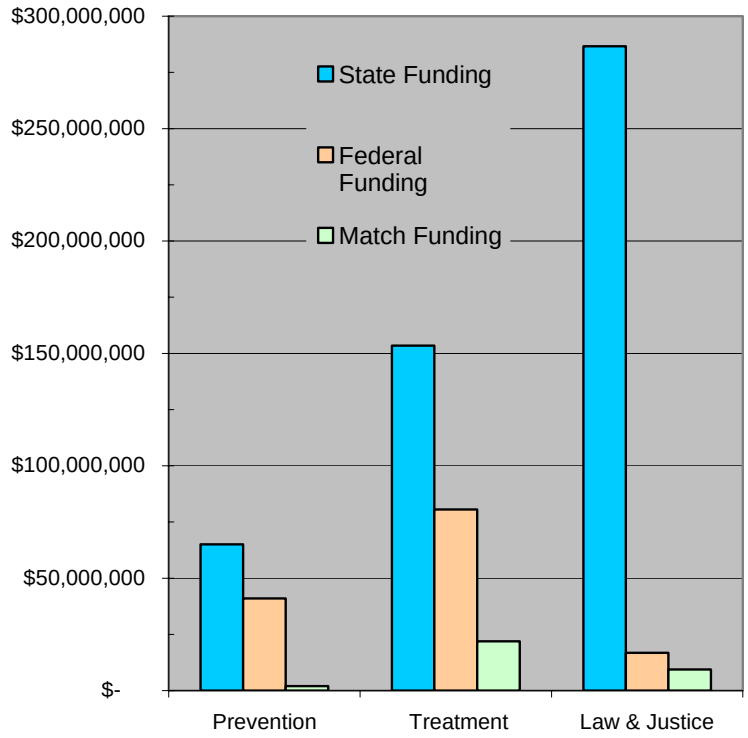
Appendix H
Statewide Budget Expenditure Summary for Alcohol, Tobacco and Other Drug Related Programs

Total Reported Expenditures By Category	State 2003-2005	Federal 2003-2005	Cash Match 2003-2005	Total 2003-2005
Prevention	$ 65,141,610	$ 40,991,832	$ 1,967,240	$ 108,100,682
Treatment	$ 153,492,847	$ 80,553,902	$ 21,949,573	$ 255,996,322
Law and Justice	$ 286,647,890	$ 16,858,557	$ 9,424,900	$ 312,931,347
Other/Cross System	$ 16,618,302	$ 6,457,764	$ -	$ 23,076,066
Statewide Total	**$ 521,900,649**	**$ 144,862,055**	**$ 33,341,713**	**$ 700,104,417**

Percentage of Expended Funds by Category



Alcohol, Drug and Other Related Program Funding By Funding Source



Appendix H
Statewide Budget Expenditure Summary for Alcohol, Tobacco and Other Drug Related Programs

Prevention	Total State 2003-2005	Total Federal 2003-2005	Cash Match 2003-2005	Total 2003-2005
CTED				
CMASA	$ 3,402,621	$ 2,850,550		$ 6,253,171
CM-Meth Initiative		$ 534,000		$ 534,000
DOH				$ -
Tobacco Prevention and Control	$ 55,105,981	$ 2,798,000		$ 57,903,981
DSHS/DASA				$ -
Administration	$ 733,629	$ 403,434		$ 1,137,063
County Based Programs	$ -	$ 7,120,400	$ 775,000	$ 7,895,400
Other Prevention Services	$ 394,344	$ 1,488,968		$ 1,883,312
GJJAC				$ -
Fed JJDP Act Ttle II		$ 2,351,750		$ 2,351,750
Fed JJDP Act Title V		$ 557,000		$ 557,000
Byrne Youth Violence Prevention		$ 1,780,300	$ 592,840	$ 2,373,140
State Juvenile Violence Prevention	$ 1,800,000		$ 599,400	$ 2,399,400
OSPI				$ -
Prevention/Intervention Services	$ 2,155,035	$ 8,221,430		$ 10,376,465
Safe and Drug Free Schools/communities		$ 11,600,000		$ 11,600,000
TSC				$ -
Local DUI Traffic Safety Task Forces	$ 1,550,000	$ 500,000		$ 2,050,000
WSLCB				$ -
Alcohol &Tobacco Prevention		$ 786,000		$ 786,000
Prevention Grand Totals	**$ 65,141,610**	**$ 40,991,832**	**$ 1,967,240**	**$ 108,100,682**
Treatment				
CTED				
Residential Substance Abuse Treatment**	$ -	$ 850,741		$ 850,741
DOC				$ -
Institution Based Treatment	$ 11,801,370			$ 11,801,370
Community Based Treatment	$ 3,523,638			$ 3,523,638
RSAT		$ 850,326		$ 850,326
CD Unit	$ 970,746			$ 970,746
DSHS/DASA				$ -
OST	$ 5,074,105	$ 2,540,833	$ 800,000	$ 8,414,938

NOTES:

1) Federal Funding is projected for the 2nd year of the biennium based off of the 01-03 allotments

2) Match is defined as hard cash match only as required by grant or contractual requirement. This does not include in-kind or

3)The pie chart does not include the "other" category on the assumption that "other" is equally

Appendix H
Statewide Budget Expenditure Summary for Alcohol, Tobacco and Other Drug Related Programs

Expenditures by Category/Agency/Detail	Total State 2003-2005	Total Federal 2003-2005	Cash Match 2003-2005	Total 2003-2005
Treatment Continued				
Adult Residential	$ 1,550,505	$ 31,854,748		$ 33,405,253
County Managed	$ 62,001,334	$ 17,309,082	$ 11,200,000	$ 90,510,416
Criminal Justice	$ 9,463,170	$ -	$ 7,000,000	$ 16,463,170
Detoxification	$ 11,876,623	$ 3,595,260	$ 1,600,000	$ 17,071,883
Drug Courts		$ 1,948,720	$ 649,573	$ 2,598,293
Group Care Enhancement	$ 1,622,768			$ 1,622,768
HIV/HASP	$ -	$ 714,326		$ 714,326
Interpreter Services	$ 912,042	$ -		$ 912,042
Involuntary Treatment	$ 11,583,055	$ 2,161,351		$ 13,744,406
Other PPW Services	$ 2,997,991	$ 993,673		$ 3,991,664
Other Support Services	$ 1,043,920	$ -		$ 1,043,920
PPW Housing Support	$ -	$ 1,296,791		$ 1,296,791
PPW Residential	$ 9,896,703	$ 3,031,490		$ 12,928,193
Screen-Brief Intervention Grant	$ -	$ 5,403,378		$ 5,403,378
TASC	$ 1,057,337	$ -	$ 500,000	$ 1,557,337
Therapeutic Child Care	$ 1,479,962	$ -		$ 1,479,962
Tribal Contracts	$ 116,307	$ 2,036,060	$ 200,000	$ 2,352,367
Youth Residential	$ 16,521,271	$ 5,967,123		$ 22,488,394
Treatment Grand Total	**$ 153,492,847**	**$ 80,553,902**	**$ 21,949,573**	**$ 255,996,322**
Law And Justice				
CTED				
Narcotics Task Force		$ 7,085,494	$ 9,021,500	$ 16,106,994
Prosecutorial Support of NTF		$ 1,219,179	$ 403,400	$ 1,622,579
Tribal Law Enforcement Assistance		$ 393,284		$ 393,284
Drug Prosecution Assistance	$ 519,130			$ 519,130
DOC				$ -
Confinement Costs	$ 176,222,000			$ 176,222,000
Community Supervision	$ 40,348,560			$ 40,348,560
WSLCB				$ -
Enforcement and Education	$ 12,400,000			$ 12,400,000
WSP				
Investigative Assistance Division, Narcotics	$ 2,359,400			$ 2,359,400
Meth Response Team	$ 1,432,800	$ 474,000		$ 1,906,800
High Intensity Drug Trafficking Area		$ 2,429,700		$ 2,429,700
Western States Information Network	$ 377,200			$ 377,200

Appendix H
Statewide Budget Expenditure Summary for Alcohol, Tobacco and Other Drug Related Programs

Expenditures by Category/Agency/Detail	Total State 2003-2005	Total Federal 2003-2005	Cash Match 2003-2005	Total 2003-2005
Law And Justice Continued				
Marijuana EradicationGrant		$ 710,000		$ 710,000
Drug Enforcement Administration		$ 292,200		$ 292,200
Drug Recognition Expert Section	$ 314,600			$ 314,600
CTED Narcotics Contracts (Byrne)	$ 895,800	$ 2,687,200		$ 3,583,000
Breath Test	$ 2,469,400			$ 2,469,400
Crime Lab	$ 5,130,200			$ 5,130,200
Tox Lab	$ 4,445,100			$ 4,445,100
Commercial Vehicle Division Motor Carrier	$ 6,258,700	$ 1,567,500		$ 7,826,200
Canine Program	$ 2,093,400			$ 2,093,400
Field Operations Bureau DUI	$ 31,381,600			$ 31,381,600
Law and Justice Grand Totals	**$ 286,647,890**	**$ 16,858,557**	**$ 9,424,900**	**$ 312,931,347**
Other/Cross-System* **				
CTED				
Governor's Council on Substance Abuse		$ 289,748		$ 289,748
Byrne Admin and Evaluation		$ 830,120		$ 830,120
DASA				$ -
Administration	$ 4,842,383	$ 2,662,849		$ 7,505,232
Training & Research	$ 413,298	$ 1,084,282		$ 1,497,580
DOE				$ -
Meth Lab Hazmat/Waste Removal and Disposa	$ 4,267,299	$ 251,000		$ 4,518,299
DOH				$ -
Clandestine Drug Lab Program	$ 108,000	$ 116,000		$ 224,000
Family Policy Council*	$ 6,583,480			$ 6,583,480
OFM				$ -
Criminal History Record Improvement	$ 403,842	$ 1,223,765		$ 1,627,607
Other Grand Totals	**$ 16,618,302**	**$ 6,457,764**	**$ -**	**$ 23,076,066**
Statewide Grand Totals	**$ 521,900,649**	**$ 144,862,055**	**$ 33,341,713**	**$ 700,104,417**

*Total FPC Budget: $4,650,000 allocated as direct network grants, $1,945,480 allocated for staff support to the council, network education, and network technical assistance. Seventeen networks have incorporated substance abuse into their work in the current biennium. Networks are challenged to work to reduce seven problem behaviors in RCW70.190 and additionally incorporate a review of Community Effort into their work.

APPENDIX I:
GCOSA PUBLICATIONS

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GCOSA PUBLICATIONS

- Governor's Council on Substance Abuse. *1996 Report and Recommendations to Reduce Substance Abuse in Washington State*. November 1996. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *1997 Report and Recommendations for State-Funded Research Priorities to Reduce Substance Abuse in Washington State.* November 1997. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Update on the Status of Governor's Council on Substance Abuse 1996 Recommendations to Reduce Substance Abuse in Washington State.* November 1997. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Report on 1999-2001 Priority Recommendations to Reduce Substance Abuse in Washington State.* August 1998. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Implementation of Initiative 692 The Washington Medical Use of Marijuana Act.* January 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Access to Substance Abuse Treatment in Washington State.* January 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on HIV/AIDS and Governor's Council on Substance Abuse. *Prevention of Blood-Borne Infections.* February 2000. Washington State Department of Health. Olympia, WA.
  - Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Report on Methamphetamine Abuse in Washington State.* May 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Policy Recommendations for 2001-03 Legislative Action.* August 2000. Washington State Department of Community, Trade and Economic Development. Olympia, WA.
  - Governor's Council on Substance Abuse. *Governor's Council on Substance Abuse Policy Recommendations for 2003-05 Biennium.* June 2002. Washington State Department of Community, Trade and Economic Development Olympia, WA

Copies of Council reports can be obtained by calling the Washington State Alcohol/Drug Clearinghouse at 1-800-662-9111. Council reports are also available at the Washington State Library or at www.ocd.wa.gov/dbs/pubs.

For more information about the Governor's Council on Substance Abuse call (360) 725-3032

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE
MEMBER LIST

Chair

Priscila Lisicich Ph.D, Safe Streets Campaign

Terry Bergeson, Office of Superintendent of Public Instruction
Alternate: Martin Mueller

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Alternate: Ken Stark

Chief David Cooper, Sedro-Woolley Police Department

Carolyn Hartness, Native American Community Representative

Russ Hauge, Kitsap County Prosecuting Attorney

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Alternate: Patty Noble

Lindsey Lepper, Youth Representative – Washtucna
***Alternate: Jessica Van Horn* – Everett**

Merritt D. Long, Liquor Control Board
Alternate: Rick Phillips

Suzanne Moreau, Community Representative

Jason B. Moulton, Security Director for Safeway, Seattle Division

Representative Al O'Brien, Washington State Legislature

Brad Owen, Lt. Governor
Alternate: John Thompson

Lowell Porter, Washington State Patrol
Alternate: Steve Jewell (Vice-Chair)

Yvonne Rivers, Community Representative – Spokane

Mary Selecky, Dept. of Health
Alternate: Linc Weaver

Joel Thaut, Education Superintendent of Granite Falls Public Schools

Claudia Thomas, Local Government Representative – Lakewood City Council

Linda Thompson, Community Representative – Spokane

Mariann Whalen, Community Representative – Port Angeles (Vice-Chair)

Juli Wilkerson, Dept. of Community Trade & Economic Development
Alternate: Nancy Ousley

Coordinator

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GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE
LONG-TERM GOALS FOR REDUCING SUBSTANCE ABUSE

PREVENTION GOALS

1. **Promote healthy behaviors by preventing the use of tobacco and the abuse of alcohol and other drugs.**

2. **Enhance collaboration among state and local agencies and programs to provide a unified public policy for substance abuse prevention.**

3. **Facilitate, research and promote the use of proven best practices in substance abuse prevention efforts.**

TREATMENT GOALS

1. **Implement public policy for chemical dependency treatment that supports a unified effort across agency boundaries and programs to provide a continuum of treatment for those in need of chemical dependency services.**

2. **Provide a comprehensive and accessible support system exists before, during and after chemical dependency treatment to link persons in Washington State to the resources and support services needed to reduce relapse.**

3. **Promote community norms and standards support healthy life styles and encourage people to seek chemical dependency treatment and remain in recovery.**

LAW AND JUSTICE GOALS

1. **Promote crime prevention strategies that bring law enforcement and communities together to interdict and prevent drug-related crimes.**

2. **Research and promote the implementation of effective drug demand reduction efforts.**

3. **Promote local crime and drug reduction strategies that enhance state and national law enforcement initiatives.**

4. **Support law enforcement initiatives that promote crime reduction, interdiction and treatment among offenders.**

(Amended January 2002)